The American Journal of
NURSING

VOLUME XXVI JULY, 1926 NUMBER 7

Hearsay and Facts in Private Duty[1]

BY JANET M. GEISTER, R.N.

SINCE the establishment of modern nursing, the nurse has always had a place of honor and trust in the community. Her patients and their families have held her in esteem and affection—she has enjoyed the confidence of those about her. The nurse, though often overworked and underpaid, found spiritual and mental satisfaction in the work to which she gave her devoted service, and she was happy.

In the past few years a note of discord has entered this happy relationship. This note becomes daily louder and more insistent. The old confidence between nurse and patient, between nurse and community, is being broken down. From the public we hear the cry that nurses are charging too much, that the twelve-hour nursing day works a hardship on the patient, that the nurse is less interested in her patient than formerly, that there are too few nurses.

The medical profession is giving considerable thought to the matter; many committees have been appointed to study it. Some of the criticism that has been made is constructive and some destructive. Most of the remedies that have been offered are based on personal opinion and not on carefully assembled facts. The tendency has been to attack the nurse and not the problem. To indicate how far the pendulum has swung, we have only to cite an editorial in a recent local medical journal, which reads:

> "Man's inhumanity to man makes countless thousands mourn," could well be paraphrased when applied to the nursing problem and made to read: "The average nurse's inhumanity to sick people makes countless thousands mourn." It would seem there is no longer but one thought in the minds of most nurses when called upon to take care of the sick, and that is the commercial side of the question. . . .

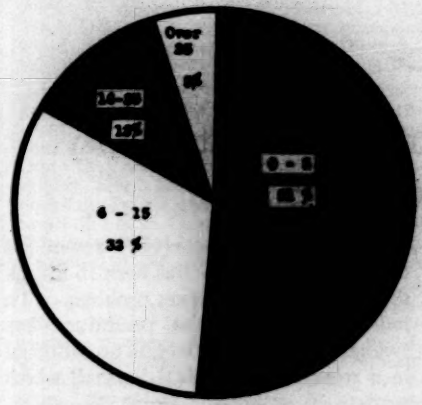
The editorial just quoted is indicative of much of the confusion in thought on the part of the public and of both the medical and nursing professions.

On the other hand, the activity of the Nurse Registry Committee of the Medical Society of the County of Kings, Brooklyn, N. Y., in working jointly with a committee from the State Nurses' Association to bring about a practical solution of the problem, is a notable instance of some of the thoughtful and constructive work that is going on.

The nurse herself is depressed and perplexed. We have no accurate data relative to the exodus from private duty nursing for the country at large, but if

[1] Address delivered before the Private Duty Section of the American Nurses' Association at the American Health Congress, Atlantic City, May 18, 1926.

the results of two recent studies made in New York State are typical of the situation, then it is true that from 30 to 50 per cent of the nurses in private duty are planning to enter other fields. This is an extremely serious situation.



Per cent who have been in service each number of years. Data for 1,409 private duty nurses, New York State, February, 1926.

These studies are made under the auspices of the New York State Nurses' Association in coöperation with the Committee on the Grading of Nursing Schools. The first, which was largely preliminary, was made in September, 1925. The present study is one of a series of four to be made at intervals during 1926. The effort is to get at the facts of private duty nursing. Obviously the subject is so large that it was deemed wise to limit it to facts concerning the economics of private duty nursing—the number of days on duty, off duty, without call, the amount charged, cost of laundry, rents, and car fares.

Fifty Years Ago and Now

WHY all this hue and cry about the private duty nurse? Has the time come when she must consider radically changing her method of serving her patients? Private duty nursing today is still being done largely according to the methods instituted fifty or more years ago. The practice of having at least one nurse in constant attendance upon one patient was inaugurated in the days when women's services were plentiful and inexpensive. Housework, school teaching, and nursing were the three major occupations of woman. Competition for her service was far from keen, and therefore little effort was made to conserve it.

Hospitals in those days were few and unpopular, the majority of the sick preferred to be cared for in their own homes. Houses were larger, nearly every family had at least one spare room and therefore the nurse could be accommodated more easily than she can in the small and crowded living quarters now made necessary by the congestion of population. Homes were more isolated, as telephones, automobiles, and good roads were scarce, and the patient consequently needed to be more constantly under skilled observation. There were fewer outside interests for the mother in the home; hence she nursed her own family and called for the skilled service of the trained nurse only when the situation got beyond her own skill.

Fifty years have brought about tremendous changes. Women, instead of having to rely upon only three occupations, can now choose from almost as large a variety as can men. Their work in both professional and non-professional pursuits is being better compensated and the hours and conditions of work have proportionately improved. As a consequence, the training school superintendent now faces keener competition than she formerly faced for service of high ability.

Changes in medical practice have been as marked as changes in general conditions of living; and the type of nursing that is required has been changed accordingly. Sanitary science and the advancement of medical science

have changed the character of illness in our communities; and the ambulatory patient is getting as much attention as is the one acutely ill.

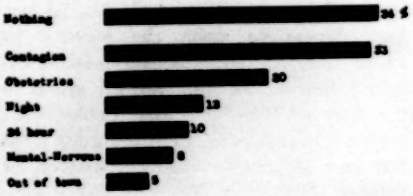
Meanwhile, improvement in the quality of hospital care has made it increasingly popular and the combination of medical demand and popular approval has removed many sick patients from their homes to the specially equipped institution. About three-fifths of all the cases reported in the February study were in the hospital, and only two-fifths in the home. There is some reason to believe, too, that as our public comes more and more to demand comforts and luxuries, there is an increased tendency within the home to place the responsibility for any needed nursing care, however minor, on a nurse, rather than to have this service rendered, as of old, by some member of the family.

The nurse has followed the patient and as new hospitals are being built, many nurses who formerly spent their lives in the homes of their patients are now filling executive and special positions in hospitals. The development of public health nursing has drawn off another large quota. Therefore, not only competition in other fields, but competition within the nursing field itself, has drawn heavily from the ranks of private duty nursing. Partly because the adventurous nurse could leave the private duty field for these other opportunities, the fact has been obscured that conditions of service in the private duty field, in comparison with those of other occupations, have become increasingly unsatisfactory. Now, however, the alleged shortage of nurses in private duty is forcing facts into the open and focusing attention upon them.

Unorganized, Unsupervised, Outgrown

IN considering these facts it is sharply borne upon us that, surrounded by changes in the social and economic position of women, in the practice of medicine itself, private duty nursing is following practically the lines laid down for it fifty years ago. To blame the nurse for this is futile—the physician and the public are equally responsible.

When there is sickness in the home the demand for a nurse carries with it the assumption that the patient requires skilled nursing service twenty-four hours a day and that there must be a nurse in constant attendance. Furthermore, the tendency on the part of the intelligent employer of labor and the intelligent director of professional workers to conserve the health of their workers through limiting working hours, good working conditions, and other means, has not affected the private duty nurse.



Per cent who register against each specified type of service. 34% do not register against anything. The "average registration against" is 1.4 per nurse. Data for 1,409 private duty nurses, New York State, February, 1926.

It is a curious fact that while the public is being more and more exhorted to live a well balanced regular life of work, play, love, and worship, the general attitude is to consider the private duty nurse the one exception to the groups that should carry out these rules. Her life isolates her from society, its irregularity breaks down her health, its seclusion tends to narrow her interests. She cannot charge in accordance with any particular skill she has acquired; she is unethical if, after ten years of hard work, she charges any more than does the newest graduate into the field. Yet she must be all things to all people, she

must remain human though she cannot live like most humans.

Modern business and professional groups distribute their resources over the largest possible area through organization. The school system is organized and the teacher serves thirty children, where, if she were not a part of an organization, she might serve but one. The fire department is organized. When one's house is on fire, one does not send in a frantic call to a half dozen places to get a fireman who might for that moment be disengaged. The house might be in ashes before he was found. How many firemen would be found, if they had to wait around at their own expense until the fire occurred and then be paid, not in accordance with the skill they had acquired in years of service, but a flat rate of from $5 to $8 per day, depending upon the locality in which they served? Business is organized. Few of us could afford much in the way of food, clothing, books, etc., were we to purchase them by order from the lone shoemaker, farmer, weaver, or printer.

Furthermore, every industry has its superintendent; every school has its principal and its supervisors; every business has its department heads; our visiting nurse associations are strengthened immeasurably through their supervision. Through this supervision the nurse receives continuous education, continuous stimulation and continuous opportunity to develop her own ability, and she is able to render skilled nursing service to six or eight patients every day instead of to one.

When we speak of supervision we do not mean the rigid militaristic system of checking us up to see what we have not done. That is negative. Positive supervision is friendly, it brings to us the leadership of workers with special preparation and training and broad experience. It brings to us newer methods, newer knowledge. Constructive teaching supervision is essential in all fields. In private duty nursing, we are not organized on this basis; we are not organized at all. Each nurse deals individually with the individual patient—there is no central organization to spread her services over the greatest possible territory. There is no supervision. Supervision stops the day the nurse leaves her training school; she is as lone a worker at twenty-one as she is at forty.

This lack of supervision is not only a loss to the individual nurse but it permits conditions to obtain that would not endure under supervision. The many splendid women in private duty nursing are judged, only too often, by the small group of nurses who do not practice according to the ideals or standards of the profession. Who is there today to keep the nurse who has unsuccessfully nursed ten patients from going in on the eleventh? Who is there today to guard the patient against the unscrupulous woman who dishonestly lays claim to nursing skill and who has been known, time and again, to charge double the fee of the graduate registered nurse?

Private duty nursing, as it is practiced today, is extremely costly. This cost is borne by the patient and by the nurse. They both pay heavily for the waste in the system. There is no question in our minds but that the cost of having one or two special nurses, for a week or two weeks or three, is frequently beyond the means of the average man. His loved one is ill, nursing is needed, he can do nothing but accept the present system even though it cripples him financially.

Is the nurse the gainer? Our studies indicate that the cost to her of the present method is quite as heavy as it is to the patient. In the long run the cost to her is greater. During the last week of February this year, at the

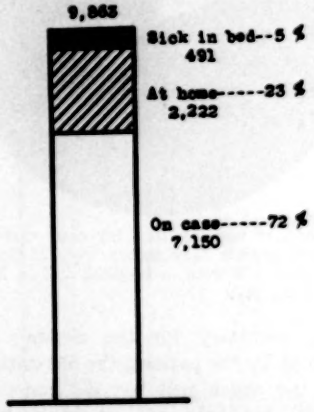
height of the busy season, the average private duty nurse in New York State earned $31.26 for her entire week's work. During this busy season, when many doctors were unable to secure the sort of nurses they needed for their patients, the average nurse in New York State worked only five days and earned only $31.26.

These figures came from the average private duty nurse who is charging from $5 to $7 daily. As a weekly income this salary contrasts unfavorably with that of every other professional group. Taken on a basis of the actual number of hours on duty the income is about even with that of charwomen, servants, and unskilled labor, who in many instances are receiving fifty cents per hour. The nurse's income per hour in the study averages about forty-nine cents. What, then, is responsible for a situation costly to all participants? We must charge it up to the bad distribution, to the uneconomic use of nursing service.

Waste of Nursing Skill

HOW many of our sick people, today, require twenty-four hours of skilled nursing service every day?

We have evidence to indicate that many sick people are daily getting along very well on one or two hours of skilled nursing service. The visiting nurse concentrates in the fifteen minutes to an hour that she spends in the home not only carefully planned nursing service, but teaching, too, in order that some one in the home can assume the responsibility for giving the patient the less skilled care he needs during the nurse's absence. That this service is satisfactory is attested to by the fact that every year sees an increase in the work of the 640 visiting nurse associations in this country. When a patient is so ill that the untrained person in the home cannot be charged with caring for him during the nurse's absence, and it is deemed unwise to remove him to the hospital, the visiting nurse association makes arrangements for a special twenty-four hour nurse to care for him during this crisis. The need for this service is strikingly small; it plays a very small part in the regular work of an association.



Where working days were spent. If 1,409 private duty nurses had worked seven days each, the total would have equaled 9,863 working days. During week, Feb. 21-28, 72% of these days were spent on case, 23% at home, 5% sick in bed. New York State, 1926.

Do not think that the visiting nurse association serves only a selected group of patients. It cares for every type and manner of illness. The only restrictions occur when the local health departments do not permit nursing of certain kinds of contagious diseases, but these restrictions do not exist in all communities. The middle class family is being served by the visiting nurse as well as that of the poorer patient whose fee is remitted when he is unable to pay.

By nursing care we mean the duties that require the services of a trained nurse. A private duty nurse may keep herself busy the whole time she is in the home, but she may be performing duties that could be done quite as well by some other member of the family. Were the nurse engaged only for the number of

Length of working day, for cases cared for by 1,409 private duty nurses, Feb. 21-28. Of these cases 3/5 were in hospital, 2/5 in home. New York State, 1926.

hours necessary for the nursing care required by the patient, the old criticism that the nurse will not do housework or will not help out on other tasks, would automatically disappear. It is not that the nurse is unable to wash dishes or cook supper, but that her particular usefulness to her patient is her nursing skill. Why use her for other duties? Is it a responsibility of the nursing profession to solve the servant problem? The physician may be skilled in wielding the razor but we do not expect him to shave the patient—his skill is in doctoring and he must devote his time to that.

Under the present system of twenty-four hours' constant service, the patient pays for many more hours of nurse attendance than he actually needs. At the same time while this service is being wasted in one home another family with an acute illness finds it impossible to get service; thus the waste is costly to the patient with the nurse, and costly too in risk to the patient without a nurse.

It is costly to the nurse for a number of reasons. The monotony of idle hours on duty—of being on hand twelve hours while her patient needs her but six, is demoralizing. The long day, fifteen and sixteen hours, sometimes, makes it practically impossible for her to have any outside interests. It tends to break her health and her spirit. The irregularity of her work precludes any opportunity for further study, for any participation in community activities. If there is no illness, there is no work for her. No one but the private duty nurse knows the anxiety of waiting for the summoning telephone to ring, especially during the dull season.

In our questionnaires we asked nurses to give their reasons if they were planning to go out of private duty. And even though the majority of them were averaging only forty-nine cents per hour, their first two reasons did not concern their incomes but were in regard to the irregularity of the employment and the length of the working day. The nurse feels the sharp contrast between her isolated life and that of the women in other fields of activity who have regular employment seven hours a day, five and a half days a week; who are given holidays and vacations and sick leave on pay; who more often than not are receiving more compensation than is she; and who have their evenings free.

Irregular and Uncertain Employment

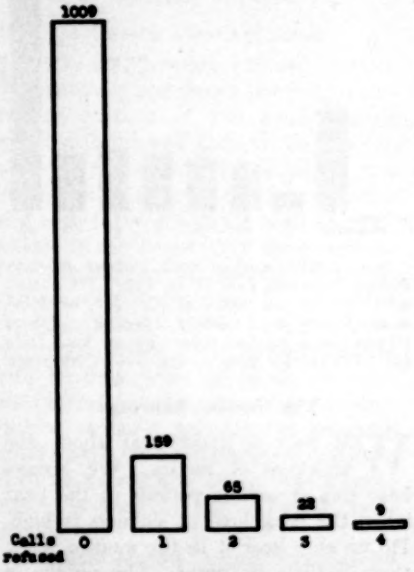
THE private duty nurse herself bears the cost of every moment she is not working, of every day spent in resting after a particularly arduous case, of every day of waiting as a precautionary measure after a contagious case. We have reason to believe that this time amounts to about four months out of the year for the average nurse; making the $6.00 she receives for one day's work really cover one and one-third days of her life, or really making her day's earnings $4.00 when computed in terms of the time she had to wait

for her case plus her hours on duty. Let no one believe that this four months' period of no work can be counted as leisure, permitting further study and recreation. It is broken up into irregular bits, a day here, a week there, much of which is spent in standing guard over the telephone waiting for the next call.

It is true that the nurse should be and is actuated by motives higher than that of material well-being alone. Were the money her only or her dominating thought, the inspiring record of selflessness and devotion in nursing never would have been written. The fact remains, however, that the cost of shoes and hats and coal and groceries and rent is the same for the nurse as it is for any other member of the community. In order to be self-sustaining she is forced to give consideration to this item. Society has made no provision for the woman who has given the best years of her life and the best of her strength in a service that too often leaves her broken in health and poor in purse.

Probably the greatest cost of all to the nurse, and incidentally to the community as well, is the comparatively short period of years she is able to serve the community. Of the 1,400 women who answered the New York questionnaire, but 5 per cent had graduated prior to 1900. This gives strength to the oft-repeated assertion that fifty years is the dead line in private duty. Fifty years of age, in most professions, marks the period when the varied experiences of the individual make him of greatest value to the community.

We are told, too, that frequently the older nurse is undesirable because she is irritable, does not easily adjust to difficult situations. What makes her so? Could her intensive life built on steadily living many hours a day with patients be responsible? Could it be because she finds herself in a blind alley job—a job that offers no promotion, a job that offers no greater financial reward after twenty years of service than after twenty minutes? Could this fact have anything to do with her reputed irritability? Could the fact that her job gives her little opportunity for professional comradeship be responsible? She must work without the fellowship of her own professional group and therefore has little opportunity for exchange of ideas and for the stimulus of teamwork.

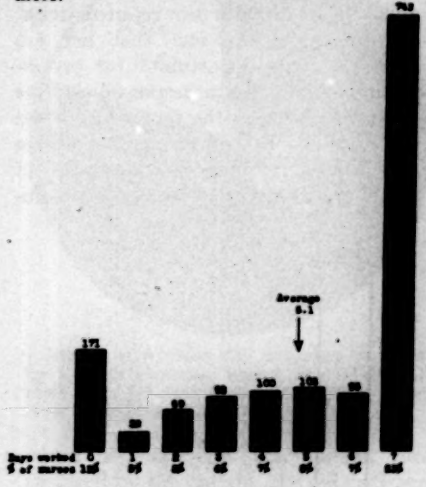


Nurses who refused each number of calls, during week Feb. 21-28, 1926. 80% did not refuse a single call. Data for 1,409 private duty nurses, New York State.

There is something seriously wrong in a method of work that takes such heavy toll from the worker. Yet, to the glory of the nursing profession, in spite of all the difficulties, all the hardships, nurses still want to nurse. Over and over and over again on the 1,400 questionnaires sent in by private duty nurses in New York State appear words like these:

I am planning to give up private duty only because I am forced to in order to save a

little money. I don't want to give up nursing. I like actual nursing work better than anything else—there is nothing I want to do more.



Nurses who worked each number of days during the week, Feb. 21-28, 1926. 171 nurses, or 12%, did not work at all. 742, or 53%, worked seven days without stopping. 25% of all the nurses worked three days or less. Data for 1,409 private duty nurses, New York State.

The Nursing Shortage

WE hear a great deal about the shortage of nurses. We always hear this at certain periods of the year when the peak load of sickness is high. Do we ever hear it in the months when there is little sickness? The public, in crying for more nurses during the few busy months, concerns itself not at all as to what happens to those nurses when there is no "flu" or pneumonia.

Much of the so-called shortage of nurses really is caused by waste of nursing service. How many patients who have special nurses in the hospitals today really need these nurses? Do all the patients who have two, three, or even four nurses need all of them? We have all seen corridors dotted with special nurses idly passing time because their patients did not need them, and then have heard in the administrative office the frantic efforts to get special nurses for seriously ill patients. We have all seen the patient who desires to show her financial standing by having two nurses idling about her room or her home. We have seen about us much luxury nursing where nurses are called upon to do glorified maid service. Who is responsible for this? Not the nurse. She does not beg to be put on these cases. We know that when she tries to get off these cases, in order to serve some more needful patient, she is called unprofessional, unethical.

Another great cause of the so-called shortage is the exceedingly bad distribution. While many nurses recognize the value of a central clearing house or central registry, and register for service accordingly, a large group operate as free lances. They get their calls from various sources, and the registry is not cognizant of their availability for service. Consequently we have the strikingly anomalous situation of hearing on one side the cry of a nurse shortage and on the other the complaint of nurses that they have been unemployed.

In the last week in February, 1926, when the sickness load was heavy and the demand for nurses great, we find from our study that in New York State, 47 per cent of the nurses worked less than the full seven days. Twelve per cent worked not at all, while 25 per cent, or just one-fourth of all the nurses, were busy three days or less. Moreover, while the doctors were reporting a shortage, their calls for help never reached these available nurses. Just 80 per cent of the 1,400 nurses in New York State reported that they had not refused a single call during the week. This vividly illustrates the need for better distribution, for a central organization to connect the nurse and the sick patient. It illustrates the major weakness of the present system.

We are frequently told that the way to remedy the nursing situation is to increase the supply. Indeed, it is the prescription most often brought forth. Reduce the entrance requirements, cut down the theoretical training (which amounts on the average to four hours a week), cut down the time of training, and the situation will be solved! The situation will never be solved while the conditions in the private duty field are so out of keeping with the world about us. What does it avail us to pour new wine into old bottles if the bottles are leaking? Why not stop the leaks first?

When a business house finds it has a heavy staff turnover each year, does it remedy the situation by bringing in fresh hordes of new workers? It does not. It makes a thoroughgoing canvass into the reasons for this turnover, for it finds it a far better investment to hold the workers already in the field than constantly to bring in new workers.

Radical Reorganization

WHAT is the remedy for the situation? Clearly every fact points toward the inevitability of change in our present system. The patient, the doctor, the nurse, the community, are all dissatisfied with the present order of things. The cost to the patient and the nurse is inordinate, yet no one is the gainer. A continuation of the present system would result undoubtedly in a very real shortage of nurses with a consequent rise in price of nursing to the consumer. Is it not possible to bring skilled nursing service to the patient in the quantity and quality he needs and at the same time insure to the nurse a decent standard of living, a life more in keeping with life about her, a life with hope of a professional future? We believe it is. Not at once can such a Utopia be realized. Too many years have gone into the present system, too much is the rut of public opinion fixed in the idea of a private nurse for every patient, too much is the rut of nursing experience fixed in the idea of continuous service to the patient, to make possible a reconstruction in a short period.

The solutions indicated by our present knowledge are:

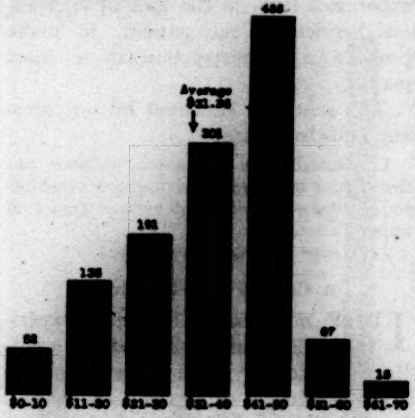
1. Centralization of nursing resources under central registries or associations organized to distribute economically various grades of nursing service.
2. Group nursing in hospitals.

A Central Clearing House

IT IS not possible without experimentation and demonstration to outline the details of this centralization and distribution of forces. In general, however, it involves the principle of a central clearing house where all nurses who wish to be connected with the sick patient in the community may register. This appears to be the first and immediate step in this scheme. When the physician wants a nurse for his patient, instead of calling a half dozen numbers until he finds what he needs, he calls one central clearing house or registry. Such a registry, through its entrance requirements, could ultimately institute teaching supervision on the same basis that it is done in visiting nurse associations.

Not only should graduate nurses be invited to register, but the undergraduate, the trained attendant, the nurse's aid, as well; for all illness does not require the services of the skilled nurse. In many homes where the housekeeper is ill, the need frequently demands housekeeping as well as nursing service. There is a steady demand for this type of worker—the practical nurse. This work has been highly unstandardized, for the worker belongs to no group. She stands alone. Not only should she be brought into the field where constructive supervision can be maintained, but every effort should be made to develop

her, in order to answer the community's demand for her services.



Number of private duty nurses in New York State who earned each amount of money during last week in February, 1926. 52 nurses earned $10 or less. 82 earned $50 or more. Of those 82, 80 were in Brooklyn or New York City.

Organized Hourly Nursing

THE next step that is indicated marks the radical change from nursing our patients on a twelve- or twenty-four-hour basis regardless of what is their need, to nursing them in accordance with the actual number of hours' service they need. That is, instead of nursing them by the day, we nurse them by the hour. Hourly nursing is not a new thing. Our visiting nurse associations are more and more developing this service in answer to the demand of the patient who is able to pay for the hourly service but who cannot pay for and does not need a nurse on a twelve-hour basis. The steady growth of this service in our visiting nurse associations indicates that the community has tried it, and has found it good, and wants more of it. The Philadelphia Visiting Nurse Society reports, for instance, that in 1919, when its hourly service was inaugurated, it sold 3,335 hours of nursing, while in 1925, this was more than doubled—6,869 hours.

Miss Katharine Tucker, the general director of the Society, writes:

> Its use, however, is not limited just to the person of moderate means, but to the person who could pay for the full time for a nurse if full time were needed. It is most extravagant in money and skill to tie up a nurse for twenty-four hours when two hours of trained nursing service is all that is required. . . . it is used by all kinds of people—very wealthy, and the salaried, moderately circumstanced, as well. I feel very strongly this is the beginning of the only sound answer to the whole question of adequate nursing service for the community.

Hourly nursing service, to be successful, needs to be carried on through an organization. Through organization, the overhead, the losses, and the cost of developing new types of services, is spread over a large number of visits thereby making the cost per visit lower to the patient than if he were dealing individually with the individual nurse. Furthermore, through organization, the standards of work are uniform, and policies and ideals compatible with the best interests of the community are maintained. The nurse is on salary, she is on a regular schedule of work, she is given vacations and sick leave on pay, she has opportunity for promotion, and through supervision she is constantly kept in touch with newer developments and practices in health work. The visiting nurse operates on such a basis and she is one of the happiest, yet hardest working, in the profession today.

Whether much of the community's demand for hourly service could be rendered through an extension of the visiting nurse association's work, or whether it should be done entirely through the registry, or whether there should be joint effort between registry and visiting nurse association, remains to be determined. The first step in the direction of hourly nursing is the realization

on the part of the public, physician, patient, and nurse alike, that it seems inevitable that the bulk of our nursing will in the future be done on this basis.

The administrative difficulties of developing an hourly nurse service, elastic enough to cover twenty-four hours a day, to cover emergencies, etc., and yet not so elastic as to make the cost prohibitive, are many. We doubt very much if such a service could be self-supporting during the experimental stage, though we see no reason why it should not be so after the demand has been determined and the routines developed.

Group Nursing in Hospitals

WE believe, however, that this development of organized, supervised, well administered hourly nursing service offers one of the ways to a solution of our problem. The other way is group nursing in the hospital, where a nurse cares for two, three, and four patients, depending on the seriousness of the illness and the patient's desire to pay. Experiments in this field have been more or less successful.

Eleanor Hamilton of the Edward Sparrow Hospital, Lansing, Michigan, reports, in the January, 1926, issue of *The American Journal of Nursing*, the success of her experiment in group nursing. Sister Domitilla of St. Mary's Hospital, Rochester, Minn., also reports in the same issue, the success of the group nursing scheme inaugurated in her hospital during war days and which continues to the present day.

When group nursing has been unsuccessful, one reason has been the lack of teamwork; some one of the participants, the patient, the doctor, the hospital administrator, or the nurse, has not been whole-heartedly a part of the scheme. Another reason for failure has been the effort to put group nursing on a twelve-hour basis. This is utterly unsound. The nurse caring for three patients, on an eight-hour shift, is active a major portion of those eight hours—there is little sitting about waiting for the patient to need something. A twelve-hour day is dangerous to patient and nurse alike. Under this plan, the nurse is on a yearly salary to the hospital and she is directly responsible to the administrative heads of the institution. As in the development of hourly nursing, the administrative and other difficulties of such a scheme are many. It will take time to obtain whole-hearted cooperation on the part of patient, doctor, administrator, nurse alike. To those who have studied the situation, however, the new order of things makes such developments seem inevitable.

Private duty nursing ministers to a great human need; it must keep pace with the progress in adjoining fields. Waste, especially in a service so important to human welfare, cannot be endured. Commercial agencies have been quick to organize household servants and part-time workers on an hourly service basis. Can we afford to have them seize this opportunity for organizing nursing on the same basis? Have our patients not suffered enough from the commercialism and the lack of standards of many of the commercialized nursing registries?

What will happen, you may ask, to the nurse who desires neither the group nursing nor the hourly nursing scheme? We can see no reason why she should not carry on as she is doing today, though we urge her to become a part of this central registry. Ultimately we believe the public will become accustomed to purchasing its nursing service from an organization rather than from an individual, and it will be to the best interests of the individual nurse to be a part of such an organization.

There will always be the patient who

requires full time service for the nurse who wants to do continuous duty rather than hourly work or group nursing.

The organizing and strengthening and broadening of the central registry is the first step. It is the thing we can do today in building for our tomorrow. It is the thing in which every nurse can participate—it is her responsibility to do so.

Organization Increases Demand

WILL this new order of things, with an economic distribution of nursing service, bring about such a saving that many nurses will find themselves without work? Before the days of the public school, only the children of the more prosperous citizens could afford the private school or the private teacher. The number of teachers available was in proportion to this demand. With the organization of the public school system, with education available for all, necessarily the work of the private teacher was taken over by the community. Did this work to her disadvantage? Because education was available to the average taxpayer, the increased demand for education multiplied the number of teachers many times. When machinery was introduced into industry and the worker, instead of turning out two of this product every day by his own hands, could turn out fifty with the aid of a machine, the cry was loud and long that the labor-saving machine would throw many workers out of jobs. The exact opposite has occurred.

The demand for shoes made cheaper through machine methods has increased the number of shoe operators. The demand for newspapers, made cheaper through the great labor-saving device, the linotype machine, has greatly increased the number of workers engaged in the printing office. There has been demonstrated to us many times in the past twenty-five years the principle that as the price of the commodity has been placed within the means of the average consumer, the increased demand for it has worked to the advantage of the worker. The introduction of labor-saving devices has been a boon to every group concerned, instead of a detriment. Is it not reasonable to assume that as the cost of nursing comes within the means of the average citizen, when he can purchase one or two hours of service instead of twelve or twenty-four, he will purchase it in increasing amounts? Many are already doing so through the visiting nurse associations. We believe that many more will do so when this type of service is broadened and emphasized.

We grant that the amount of nursing service demanded is governed by the health conditions in the community. Does anyone believe that we are nursing all the sick who need our care in the community today? How many families in moderate circumstances are doing with inadequate or no nursing at all because they cannot afford or do not need the twelve- or twenty-four-hour nurse and, as has been stated before, because the nature of the illness does not demand her? The moderately ill "flu" patient, forced to remain in bed a week, is more comfortable and secure for the morning bath and rub given by the nurse in her one hour in the home, while his family brings his meals, and takes care of his minor wants. Today, if he does not call in the visiting nurse, he either goes without this care or he pays a price for it, frequently beyond his means.

Furthermore, in keeping with the modern program of sickness prevention and health promotion, the nurse does not confine herself to straight bedside nursing. The new mother wants to be taught how to bathe and give care to her baby, or how to prepare a milk formula the doctor has ordered, the tuberculosis

patient and his family want to be taught how to adjust to the conditions about him.

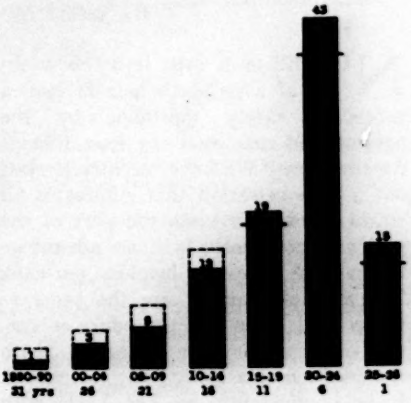
As the demand within the home for instruction in making practical application of the findings of medical science continues to increase, the nurse finds herself always with an increasingly active job. Therefore, we believe that a more economical use of the nurse, with a cost within reasonable limit, will result in a demand for more nursing service.

Furthermore, what is more important, it will democratize what we call private duty—not only the rich and the poor may have as much as they need of nursing, but the families of moderate means may purchase it in accordance with their needs, and not in accordance with their emergencies.

Teamwork Essential

THE success of any plan for solving the problem of adequate nursing care for the community under circumstances agreeable to patient and nurse alike, depends on teamwork. The doctor, patient, public, nurse, all must cooperate in a general attack on the problem. Personalities, personal criticism, personal opinions, bitterness, dogmatism, must not enter into the solution. No one group can or should hope to work it out alone. The nurse whose whole life is centered about nursing should assume the initiative; it is her responsibility to the community. This is the responsibility not only of the private duty nurse, but of every nurse. "Private duty" is a term used to indicate under what auspices the nurse does her work, but the sick patient, regardless of the label under which he is nursed, requires the nursing care that will restore him to health.

To render adequate nursing service to the community is the responsibility of the nursing profession. Our profession stands or falls by the manner in which we serve the community. We owe it to ourselves. We owe it to the young women who today are following us out of the training schools, whose hearts are alive with hope and whose eyes are bright with desire for service. Rightly they look to us for leadership. Is it not our responsibility to clear the way for them for fulfillment of their hopes?



Who plan to go? Found, ▬; Expected, ⋯ 564 of the 1,409 nurses plan to leave private duty nursing. Solid column shows what % of these 564 nurses belongs to each "years in service" group. Dotted line shows what % would have been expected in that group, if there were no relation between youth and hope for change. Nurses who have been in service more than 11 years tend to stay; those less than 11 years tend to go. New York State, 1926.

Let no one be discouraged by the facts that have been here put forth. Rather let us take courage because the facts concerning our work and our methods of work are coming to light. Let us be invigorated by the realization that there are no facts regarding nursing that we wish to have remain covered. There is no doubt in our minds that as nurses, physicians, and public consider these facts together, and as they jointly engage in working out a solution, not only will the old mutual

confidence be reëstablished, but this mutual faith will be stronger than ever. Furthermore, there is no doubt that the solution will be to the advantage of patient, doctor, and nurse. That rarely beautiful thing, the spirit of nursing, which inspired our pioneers to overcome their difficulties, abides in the nursing profession today with undiminished fire. It inspires us to accept the challenge of these difficulties, to work them out on a plane that keeps the nursing profession to us the most glorious and fruitful of all professions.

A Comfortable Shampoo

By Jessie M. Murdoch, R.N.

NURSES as a rule, find the washing of a patient's hair in bed, a procedure rarely welcomed by the patient and one more or less difficult for the nurse. We have recently worked out a demonstration that eliminates all strain or exertion upon the part of the patient, particularly is it an advantage to fracture cases or helpless patients. The articles required are the same as those used when the procedure is carried out from the side of the bed, with the addition of a Kelly pad; the patient lying comfortably on her back with shoulders slightly elevated.

Although a period of "bobbed heads" is with us, there is still a large percentage of women who have not shingled hair and we are glad to pass on a suggestion that has added greatly to the comfort of many of our patients.

(Recently we have learned that a small bath spray, attached to an irrigator, is a useful addition to the equipment.—Ed.)

A Word to the Wise

GOING on a vacation to the mountains, or to the seashore? To a summer camp, or on a hike, or on a week-end trip? Before you buy your bathing suit, or get your travelling togs together, go to your doctor or to the nearest health officer and get him to vaccinate you against typhoid fever. This is the advice of Dr. John S. Fulton, Director of the State Department of Health of Maryland to every Marylander, big and little, young and old, who hasn't been vaccinated against typhoid within the last two years.

Nursing Procedure in Eye and Ear Diseases[1]

By Abby-H. Denison, R.N.

THE eye is the most highly specialized organ in the body. When we stop to realize how dependent we are upon our sight, it is readily understood that nurses must be especially trained in this work to give safe and efficient care to eye patients. This is almost equally true of aural cases.

Many training schools have arranged affiliations with eye and ear hospitals and recently an increase has been made in the number of hours required by the Standard Curriculum for nursing diseases common to the eye and ear. The interest in this branch of nursing needs to be promoted so that nurses may enter the field much better equipped to carry on preventive and educational work.

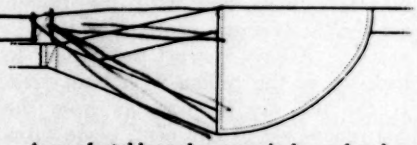
In this paper I shall discuss eye and ear treatments as we give them at the Massachusetts Eye and Ear Infirmary, although there are other methods worthy of merit.

There are certain principles and fundamentals in eye and ear treatments, the two most important being *gentleness* and *thoroughness*. Of course gentleness is an essential factor in any form of nursing procedure, but particularly so when treating eyes. To attain thoroughness, knowledge and skill are necessary. Knowledge may be gained through study, textbooks, lectures, or by observation, while skill or adeptness can only be attained by practising. Know first what should be done. Mentally organize the steps to be taken, and then follow them gently and thoroughly, without loss of time and energy, which is irritating and tiresome to the patient.

[1] Presented at the Institute directed by the Massachusetts League of Nursing Education in Boston, March 12, 1926.

Eye Treatments

ALWAYS bear in mind the danger of infection from one eye to the other, or between patients. The technic used in doing eye treatments resembles that of operating technic.



A comfortable and economical eye bandage which can be laundered, as it is made of Indian head and cotton tape.

The Technic of Drops

WE find that the ordinary, rubber topped medicine dropper, which can be disconnected, thoroughly washed, and boiled, is very satisfactory. The treatments are grouped according to the action of the drugs on the pupil, and droppers with different colored rubber tops are used for each classification; i.e., black for antiseptic and astringent drugs, red for mydriatics (drugs which dilate the pupil), and white for myotics (drugs which contract the pupil). Under no circumstances should one color be used in place of another. Droppers with cracks or ragged edges should be discarded.

When a number of treatments are to be given, it is best to screen off a bed in a well lighted corner of the ward and have the patients all come there for their treatments. They should lie in the dorsal position while the nurse stands at the *back* to give the treatment. For clinical or office cases, the patient may sit in a chair, with the head inclined backward, while the nurse stands in *front* to give the treatment. After the patient is in the proper position, the nurse should inspect the eye carefully and, if

necessary, wash off the lids with warm boric solution, 1-50.

The technic of opening the lids is of the utmost importance. Avoid, as much as possible, touching the upper lid, and *never* exert any pressure upon the eyeball itself, especially when the case is post-operative. Standing at the patient's head with the index finger push down the lower lid against the superior maxillary bone and with the thumb against the eyebrow, gently raise the upper lid. Always instruct the patient to look up at the ceiling with both eyes. If the lids are slippery, as from the continuous use of ointment, place wisps of cotton under the thumb and index finger for support.

The manner in which the dropper is held is important. Hold a cotton ball at the outer canthus, while in the other hand hold the dropper in a *horizontal position* between the index and third fingers and the thumb, resting it on the bridge of the nose. Allow the drop to fall very gently at about the center of the cornea. For irrigating purposes, use as much solution as may be necessary to rid the eye of all secretions. When drops are used for the effect upon the tissues, use two or three at the most, as the cul de sac can hold only that amount, excess solution flows down over the cheek and is wasted.

After using atropine or other strong solutions, hold the finger at the internal canthus of the eye over the puncta for at least one minute. This prevents the solution from running through the lacrimal duct into the nose where it would be rapidly absorbed by the mucous membrane causing systemic symptoms. Between treatments, the nurse should rinse the finger tips in bichloride 1-5000.

Hot and Cold Applications

MOIST heat, in the form of fomentations, is frequently used and is best applied by placing boric solution 1-50, several cotton balls, and two throat sticks, in a container, and bringing to a boil. Grease the lids well with vaseline to prevent blistering; then, with the throat sticks, press out the solution from the cotton balls and apply to the lids. This should not be continued for longer than 10 to 15 minutes at a time. For repeated hot fomentations, an electric stove, plugged in at the bedside, is very satisfactory.

Protect the skin in the same way before applying cold compresses. A block of ice is best, upon which can be arranged the cotton pledgets, two rows for each eye, using one row while the other is cooling. Cold applications should be continued about the same length of time as the hot ones.

Ointments

FOR convenience, our ointments are put up in tubes with a special eye tip. There is often the tendency merely to put it on the outside of the lids instead of entirely within. Hold open the lids firmly, then outline the inner margin of the lower lid with ointment and pull down the upper lashes over the lower lid before the patient has a chance to voluntarily close his eyes. This requires considerable practice before the "knack" is thoroughly acquired. An ointment in any other form than in a tube, or powders, may be applied with a cotton-wound toothpick swab, which is rotated off on to the lower lid.

Preparation for Operation

MOST of our eye operations are done under local anesthesia and although the routine orders vary somewhat with various doctors, the principles are similar.

The pre-operative treatment is much the same as for any operative case, and the local preparation of the eye should be completed before taking the patient to the operating room.

(*a*) Clip the eye lashes for all cases when the operation is directly upon the eyeball itself. Since the lashes cannot be thoroughly sterilized they might contaminate the instruments; they also obstruct the view of the operator. Use small curved-point scissors, the points of which should be directed away from the eye. Grease the blades with vaseline so that the cilia will adhere to them.

(*b*) Irrigate the eye with boric solution and follow with any medication that is ordered. At this point, the area within the lids has been prepared so that the external preparation may follow.

(*c*) Female patients should wear a cap which completely covers the hair and is put on before the nurse scrubs her hands.

(*d*) Instruct the patient to close the eye, then scrub a wide area over the lids, brow, cheek, and nose, with soap, sterile water, and bichloride of mercury solution 1-10,000.

(*e*) Apply a sterile eye pad and bandage.

Post-operative Care

THE success of the operation often depends upon intelligent post-operative nursing care. The post-operative cataract case will be taken as an example. A nurse is never really competent to care for these cases without special training. Any strain upon the opened eyeball must be avoided.

In order to avoid post-operative nausea, local anesthesia is always given to adults for cataract extractions. The patient is operated upon in the bed and is returned from the operating room flat on his back. He may be turned and propped up on the side opposite operation at the end of four to eight hours, according to the doctor's orders.

The diet of a cataract patient is important. Liquids without milk, or clear broth and dry toast, for the first 24 hours, seem to be satisfactory diet. Follow with soft solids with care.

Catharsis is contraindicated, but an enema is usually given at the end of the third day after operation, with the doctor's permission.

The rules for uncovering one or both eyes vary, but usually, about the fourth day, one eye is uncovered and is protected with a dark shade; the patient may also get out of bed at this time. Both eyes are uncovered about the eighth day. At night, while they remain in the hospital, all cataract patients are compelled to wear a black Ring mask as a protection.

Much better post-operative results will be obtained from cataract cases if the nurse will explain briefly just what will be expected of the patient after operation, that is, the hands should be kept away from the face at all times; the bed clothing must not be pulled up over the shoulders without assistance, coughing or vomiting must be done with the least possible straining. Any indication of nausea or cough should be reported at once, so that nausea mixture or codeine may be ordered. In other words, the patient must coöperate with the nurse in the prevention of strain.

(*To be continued*)

How To Avoid Typhoid

AVOID typhoid by:

1. Staying away from typhoid patients.
2. Preventing sick persons from handling foods.
3. Remembering not to swallow water when swimming.
4. Subscribing for safe milk and pure water supplies.
5. Sending typhoid patients to the hospital in the first week.
6. Refusing to drink from any well or spring that may admit drainage.
7. Appreciating that a case of uncontrolled typhoid may produce an epidemic.
8. Teaching children how diseases are caused. spread, controlled and avoided.
9. Coöperating with local boards of health by having all cases reported and controlled.
10. Getting vaccinated and thereby further safeguarding one's self and family.

—*Hygeia*, February, 1926.

Breast Feeding Experiments Prove Worth

THE breast feeding experiments begun in Nassau County by the Division of Maternity, Infancy and Child Hygiene in 1923 were concluded early in 1925. A study of the facts obtained has led to some very definite and valuable conclusions.

A total of 2,815 infants born during the period January 1, 1923—April 1, 1925, were visited and their histories recorded. Of this number 2,425 were under observation throughout the first nine months of life (or until they died) leaving 390 cases where families moved away or were uncoöperative or where it was impossible to obtain accurate information.

Some of the conclusions reached are:

Breast feeding of children is a vital factor in reducing infant mortality. Of the babies who died during this study, 70.9 per cent were being artificially fed at death and of these, 50 per cent died from digestive disorders.

Breast feeding is equally effective in protecting babies from much of the unnecessary illness of infancy. Of all the illnesses, 66.7 per cent were found among the children who were weaned prior to the ninth month, leaving only 33.3 per cent to be divided among the large group of nine months' breast-fed babies.

The American mothers, though comprising the largest group of women, show the lowest percentage of children nine months' breast-fed, and this is in spite of the fact that they have smaller families to handle and receive better prenatal care. Evidence points to their mental attitude as an explanation. They have failed to grasp the responsibility which they have incurred in bringing children into the world. They do not care to nurse their children.

Health News, New York State Department of Health, May 24, 1926.

Community Health

COMMUNITY health is nothing more than the sum total of the individual health of each resident of the community. It is obvious then that the health of the community can be no better than the health of the people who make up the whole population. The health of each must be the concern of all. The general economic condition of the community, its prosperity, commercial prestige and progress, are dependent absolutely upon the health of its people. A sick person is never an asset to his fellowmen—he is always a liability, regardless of his financial condition. If he is without funds, community taxes must pay for his support; if he is independent financially, his disability prevents his participation in the economic and social advancement of the community. It is of as great importance that an individual maintain his health as it is that he maintain his credit. Furthermore, loss of health may soon lead to loss of credit. In the last analysis, life depends upon health. Without health, there is nothing.

WALTER M. DICKIE, M.D., *Weekly Bulletin*, California State Board of Health.

Atlantic City

GAY children dig in furrowed sands
To build a world today;
Blue waves speak to them and me
Of sands that last alway.

Sand cities quake and fall apart.
Why should they stay for man?
Their beauty lies in formlessness
That outlasts human span.

Soft sands, unchangeable and calm,
Give way to childish hands.
May they recall when they are old
The gentleness of sands.

The American Nurses' Association[1]

A Review of Its Work Since 1922

By Adda Eldredge, R.N.

IT IS my pleasure and privilege to speak to you tonight as the President of the American Nurses' Association who has served you for the last four years and who, now about to give up that work, wishes to render to you an account of what has been accomplished since the meeting of our Association in Seattle, in 1922, when you honored me by electing me to the office of President.

At that meeting we raised the dues of the American Nurses' Association so that it was possible for us to start on a career with a chance of expansion that we had never before had. Headquarters was, as you know, already started through the kindness of the American Red Cross, and it had been under the control of the American Nurses' Association for about a year.

We were decided upon our headquarters by the fact that the National League of Nursing Education was ready to place its Executive Secretary in charge. We appointed a full-time Director on January 1, 1923. The expansion has been gradual. We began with the Director and one stenographer and added an assistant to the Director, but in January, 1924, a change in the plans outlined by the Headquarters Committee changed somewhat the functions of Headquarters, and the decision was made that a Field Secretary and a Publicity Secretary were needed for expansion, instead of an assistant to the Director.

Gradual expansion meant that we had a large balance on hand our first year. The Finance Committee budgeted for the Association and the Headquarters Committee budgeted for the Headquarters. There was a gradual unloading of the bookkeeping, and the mechanics of the work was placed at headquarters. Careful budgeting is still necessary. The size of the income seemed large, but it has been necessary to study and plan not to exceed the budget.

The Placement Bureau

THE Placement Bureau was one of the original projects and was a joint activity of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing. A plan was submitted for combining with the Placement Bureau of the N. O. P. H. N., but this plan of the Common Activities Committee for the three organizations was found to be too expensive, and was not adopted. Dual control was found impracticable for the American Nurses' Association, and its participation was merely a contribution of money. In 1926, as the scope of the work of the Placement Bureau seemed to be more or less confined to the eastern states, the American Nurses' Association withdrew its support, because of the requests of the National League and other organizations throughout the country for our assistance with the project of the grading of schools, for a survey of private duty nursing, and for many other urgent things.

In 1925, the President suggested a reserve fund. This was adopted by the Board of Directors, and $5,000 was set aside. In 1926, $2.000 more was set aside, for the reason that it didn't seem

[1] Given at the joint session of the three national nursing associations, at the first Health Congress, and the 25th convention of the American Nurses' Association, at Atlantic City, N. J., May 18, 1926.

sane and sound for an organization of this size to exist without having a good, financial basis.

In 1923, with the renewal of the work of the International Council of Nurses, we sent Miss Noyes to the Copenhagen meeting; and in 1925, your President was sent to attend the Helsingfors meeting. Plans for international expansion were approved by the delegates, necessitating $2,700 in the 1926 budget, as the share of the American Nurses' Association. It was most gratifying at a meeting of the Advisory Council of the American Nurses' Association to find how directly the states stood back of us for some of them were willing even to raise the funds rather than have them taken from our budget.

The Field Secretaries

TWO field secretaries were appointed, in the belief that cultivation of the field was necessary for proper development of the states and that the only sound way of increasing our work, our activities, and our membership, and at the same time, our budget, was in the states and through the states. Two secretaries were appointed and the resignation of Miss White was accepted some three months after she took the position. We trust that you will all meet Miss Clapp at this meeting. She has already presented her report.

Our Publicity Secretary, Miss Van Ness, hardly needs an introduction, because she introduced herself so well at the afternoon's meeting.

We have tried to encourage headquarters in the states. Interesting material is available at the National Headquarters on every state and is for their use.

A new division, the Middle Atlantic, has been formed. It held its first meeting in December and includes the states of Pennsylvania, New York, New Jersey, Delaware, Maryland, and the District of Columbia.

There has been an initial meeting of the states of Wisconsin, Michigan, Illinois, and Iowa to form a Lakes Division.

A number of committees have completed their work. The incomplete work is on the grading of schools, and the study of private duty nursing. The Chairman of the Grading Committee has said that he believes that the study of private duty nursing is a logical part of the whole nursing situation which must be studied in the grading of schools.

We have appointed several committees which have done little work at the present time, but for which we see a tremendous scope. One of these is the Committee on Professional Relations. All of us know how much what we are doing needs to be understood by the medical profession and by the community, and perhaps we need to study both the medical profession and the community to see what they need from us.

We have spoken of some of the other activities, such as the preparation of the list of accredited schools and the digest of laws, and I shall not go into these matters.

You know that our section of the Government nurses, which was formed at Detroit, has meant a tremendous increase in the membership of the American Nurses' Association and has greatly strengthened and helped not only the American Nurses' Association, but also the Government Services.

Important Resignations

DURING the last few years we have lost the services of women who have contributed much to the American Nurses' Association. Our Treasurer, Mrs. Twiss, who gave us such devoted

service for a number of years, was obliged to resign on account of her health. Miss Sly, too, has resigned; she helped in the great work of revision which has occupied us for so many years, and which seemed allied with the American Nurses' Association forever, because there is always some place where the organization isn't quite completed. Miss Deans, while she has remained as Director, resigned from the Board of Directors. Miss DeWitt has refused to allow her name to go on the ticket this year. Miss Lorimer has felt obliged to withdraw her name, and Miss Henderson, Chairman of the Finance Committee, has resigned.

We need to realize that the younger generation of nurses must be looked to, to take and fill the places of these women who have contributed so much and who have so well earned the rest from official labors which they have found it necessary to claim.

We are all to be congratulated, as well as the Army and Navy Nurses, on the passage of the Nurses' Retirement Bill.

You are going to hear something later at this meeting from the Grading of Schools. We hope to hear of a program for the raising of funds, in which we shall need your assistance. We do not see this grading of schools as a short-time problem but one which may stretch out indefinitely into the future.

Plans should be cultivated and carried out, for bringing a knowledge of the International to every nurse in the A. N. A. There is much to be learned from the development of nursing in foreign countries and much that we need to learn of the different ways in which nursing can develop and in these new countries we shall see many things tried that to a conservative mind may seem strange but we should keep an open mind with regard to them.

I have already written regarding the American Red Cross and the fact that we must keep this unique connection and do all in our power that we may always have the fine reserve that we had at the beginning of the Great War.

Anyone who has served for four years as President of an organization must, of necessity, look over what has been done with a somewhat critical attitude and, if she has gained anything from her years of experience, she must have a vision of some of the things that are yet to be done. On the basis of a careful study of what we have done during the last four years and with, I hope, a vision of much work still undone, as your retiring president, I wish to suggest that the following recommendations be given at least careful consideration:

First. A steady increase in the reserve fund. It is unsound for an organization with such responsibilities as this one, to lead a hand-to-mouth existence. We should be building for a firm financial foundation. This will make for slower expansion but it will make for surer growth. It will prevent frequent curtailment of plans made, or a deficit. Therefore, we need a conservative Finance Committee which will carefully budget from year to year and a conservative Board of Directors which will not exceed the budget.

Second. Increase of the income which means increase of membership. Our growth in the last four or five years has been from 49,000 to 54,000,—but 100,000 nurses are registered. Why have we only 54,000 in the A. N. A.?

Third. Use of the field secretaries to help the states see their possibilities for growth and advancement. It is important that the secretaries get to the district and alumnae associations instead of talking only to state meetings. Of necessity they will be more needed in states without headquarters than in those with headquarters.

Fourth. Encouraging visits of state secretaries to Headquarters that they may see the work of the whole country. Field secretaries may give valuable help to the state secretaries in the states by helping to survey the conditions and by serving in an advisory capacity.

Fifth. The continued use of the publicity secretary to help formulate an interest in ethical news of nursing; the sending of material to the states which can be supplied by the

publicity secretary; suggestions and information to be sent in from the states to the publicity secretary for use; use of the publicity secretary by the two other organizations and the *Journal*. The editor of the *Journal* having been chairman of the Public Information Committee of the A. N. A. has prevented any conflict between *Anagrams* and the *Journal*.

Sixth. Making material sent to states more useful, seeing that it is properly distributed without waste, and finding a way to have it reach all the members of the association.

Seventh. A tie-up between the representatives on the Women's Joint National Legislative Council and members of State Legislative Councils.

Eighth. A caution to the Sections that they are not separate organizations, and that their function is neither legislative nor executive, but that their recommendations must go through the Board of Directors if we are to grow as a profession. We must be careful what advice the Legislative Section makes to the Board of Directors on specific action in the states, beyond the setting of a minimum, and where possible that minimum should be the same in all states. It is impossible to have state laws all exactly the same; and it is important to bear in mind that laws are only set-up machinery and that the work must be done according to the constitution of each individual state, remembering that all states have not attained equal growth. Sections are discussion groups; they may recommend to the Board of Directors, but it requires care on the part of the chairman and secretaries to see that all information goes through Headquarters—otherwise, the President and Board of Directors may be unaware of action for which they may definitely be held responsible.

Ninth. As to the officers of the A. N. A., judging from past experience, it would be wiser for member states of the A. N. A. to select the president from the Board of Directors, electing vice-presidents with an idea of making them president or else having a president-elect. It is impossible, or at least an Herculean task, to ask anyone who has not had experience to step in to do such a piece of work. She should at least be selected from the Board, and therefore, the Board should be chosen with this idea and also with an idea of representing the country.

Tenth. It is a bad plan to put in new officers while plans of the old Board have still some time to run. It makes the term of office variable, as the time of the biennial meeting varies with the seasons, according to the part of the country in which the association is to meet.

Eleventh. We must consider that the time is coming when the A. N. A. headquarters will have to be nearer the center of the country and more accessible to all. We will have to consider some other place than New York.

Twelfth. Greater interest and more intelligence on the part of the states regarding nominations, or else some other method of nomination. We need more care and thought in the distribution of members of the Board of Directors. It is interesting to note that, although your President announced at Detroit that she would not run again, a number of states wasted their nomination by putting her name in, and that a number of women who had retired were put on the ticket, thereby losing to those states their nomination. It is surprising, too, what a large number of states never send back the nominating blanks.

Thirteenth. More effort should be applied to training our younger members. Don't be afraid of youth! Youth will make mistakes but so do their elders, although perhaps not always the same mistakes.

Fourteenth. It is very important that with the formation of new divisions they avoid becoming political. It is necessary to keep always in mind the fact that the division is not a separate organization, not an executive or legislative body, but is intended to bring the adjacent states together. In other words, to bring the A. N. A. home to those who do not and cannot attend national meetings. In the state, we have home problems, in the A. N. A. these come from all states to the nation.

Fifteenth. As brought out in the committee on Self-Analysis, we must bear in mind the thought of one national organization, but let us not move hastily and not on the basis of dues but on the basis of intelligent thought as to needs and services to be rendered.

Sixteenth. We should also give thought to our interlocking directorates. With such a large association and with comparatively few members on each Board of Directors, and a limited time which the Directors can spend at meetings (even when not considering the large expenditures of funds for the organizations), a representative being on one, two, or even all three boards, has to select one whose meetings she will attend. If an effort is made to attend the others, her knowledge of each

Board is apt to be so limited that she cannot act intelligently.

Seventeenth. We are increasing expenses at Headquarters as the work grows and we realize more and more what the tremendous burdens are that our women have been carrying. The devotion of those at headquarters and in the field cannot be paid in money.

Chief Justice Oliver Wendell Holmes is quoted as saying:

No man has earned the right to intellectual ambition until he has learned to lay his course by a star he has never seen, to dig by the divining rod for springs which he may never reach.

So, as my parting words to you I will say, let the star which is our guide be that ray of hope which makes us see into a future for nursing which leads to a perfect realization of the highest ideals of womanhood; a world such as Florence Nightingale saw when she dreamed of every mother capable of so caring for her child that it should have a chance for perfect health, and in it we see every nurse with an ideal of service which shall spring from that ideal coöperation between boards of directors, the medical profession, educational institutions, and nurses, that the education of the nurse shall not be a slogan of discord but an aim for all; and that our great united profession shall move on as one with an ethical standard which is a living, breathing part of every nurse's life, an American Nurses' Association crowning the work for humanity through the membership of every graduate registered nurse. Let our goal be 100,000 members in the American Nurses' Association in the next ten years.

"Every achievement," Mr. Justice Holmes says, "is a bird on the wing," and so ever higher and higher our ambitions for our beloved profession soar and ever our vision sees more and more to be accomplished, but growth in strength and interest of constituent bodies is of greater importance than mere increase in membership.

Tempting Foods for Summer

By Bertha M. Wood

A PATIENT'S appetite responds to an out-of-doors environment in summer time. It may often be tempted by bringing indoors as much of out-of-doors as possible.

Foods for this purpose would include salads of all kinds of vegetables and fruits, fruits garnished with a leaf or two, and berries served on crisp green leaves—these may be maple or oak leaves, if one wants a change from lettuce. Even a cabbage leaf may be made into an attractive cup to hold berries or cut up fruit. Jellies moulded in lemon, orange, or green pepper skins and served on a bed of shredded lettuce or sprigs of parsley make an appetizing dish.

Sandwiches with various fillings, served very cold, may have crisp leaves of lettuce added which make them more palatable. If one has no lettuce, a circle may be cut in the top slice of bread and chopped olive used to fill the hole, or a tart jelly may be used as a filling.

When serving a liquid or forced fluid diet, iced bouillon may be made more pleasing if a little lemon juice is added and the bouillon placed in an attractive cup or fruit case.

Cold drinks may be made of many fresh fruit or berry syrups and served from different receptacles. Sometimes a small glass pitcher may be used; again a small sized glass bowl may be utilized as a punch bowl and a gravy ladle used as a punch ladle. Straws often add variety when there is no fruit in the

drink to interfere. A frosted glass always makes a more frigid appearance. Mint adds a delightful coolness, long retained in the mouth after a cold drink. Even a plain peppermint candy, taken after a glass of water, is refreshing on a hot day.

The following recipes may be suggestive:

Main Dishes—1 Serving

Jellied Chicken

¼ cup cold chicken
½ cup chicken stock
½ teaspoon gelatine
½ teaspoon lemon juice
¼ teaspoon salt

Heat all together until gelatine is dissolved. Place in a small oblong mould. Chill. Slice and serve on a lettuce leaf. Garnish chicken jelly with parsley. Cold mutton or veal may be used in the same way, using beef stock for the jelly.

Tongue with Garnish

2 slices cold tongue
1 tomato
½ cucumber
1 radish
1 tablespoon mayonnaise

Peel and slice tomato; chop both cucumber and radish very fine. Place a slice of tomato on each slice of tongue. Mix cucumber with mayonnaise and place on tomato. Repeat the process with radish, placing it on cucumber. Put sprig of parsley on top. This is attractive in appearance and appetizing.

Stuffed Tomato

1 ripe tomato
¼ cup chopped chicken, lamb, or ham
1 cup stock
1 cracker
1 teaspoon butter
2 large mushrooms

Hollow out tomato. Fill with chopped meat, moistened with stock. Roll cracker and place buttered crumbs on top of tomato. Bake 10 minutes. Peel the mushrooms and boil in remainder of the stock (canned mushrooms may be used). Thicken stock with 1 teaspoon of flour. Place the tomato on one of the mushrooms and put the second one on top of the baked tomato. Pour the gravy over it. The tartness of the tomato makes this a pleasant summer dish. If one does not have mushrooms, a slice of crisp bacon may be used.

Fluids—1 Serving

Snow

This is most refreshing and aids in quenching thirst.

Juice of ½ lemon
3 oz. water, or milk and water
1 teaspoon cream
1 tablespoon powdered sugar
½ egg white

Mix the fruit juice, water and cream together with the sugar. Put in an ice cream freezer and partly freeze; then add egg white which has been beaten very stiff.

Iced Cocoa

1 cup milk
2 teaspoons sugar
2 teaspoons cocoa
1 tablespoon cold coffee

Place milk and sugar in a double boiler and sprinkle cocoa on top. When cocoa has melted remove from stove and add cold coffee. Chill and serve in a tall glass with a straw.

Syrup for Fruitade

1 cup sugar
1 pt. water

Boil sugar and water together twelve minutes. This syrup may be bottled and used as needed.

Junket With Fruit Juice—2 Servings

2 cups milk
1/3 cup sugar
½ junket tablet
Few grains salt
¼ teaspoon vanilla

Heat milk until lukewarm. Add sugar. Reduce junket tablet to powder and add to mixture, with salt and vanilla. Turn into glass dishes in which it is to be served. Stand in a warm place to set, then chill. Serve with pineapple or grape juice.

Jellied Bouillon—2 Servings

1 shin bone
3 cups water
1 tablespoon lemon juice
½ teaspoon salt
1 teaspoon gelatine

Boil shin bone in water until the amount of stock has been reduced to 1 cup. Add lemon juice, salt and gelatine. Place in a fancy soup cup or in a fruit shell.

Chicken jelly may be made in the same way, allowing the chicken stock to boil down two-thirds.

Ginger Punch

½ cup ginger ale
½ cup orange juice
Serve on chopped ice

Iced Tea

½ cup cold tea
1/3 cup ginger ale
1 teaspoon lemon juice
1 tablespoon syrup

Sandwiches

Salads and sandwiches must be moist but not soggy, to be enjoyed. A sandwich filling should be soft enough to spread easily, then the sandwich will not be dry and hard to eat. Sandwiches can be made not only into many shapes but also into many sizes to suit the size of the patient or his appetite. For children there are animal cutters that may be used and sometimes a child of a larger growth enjoys one of these childhood friends on his supper tray.

There are various kinds of bread to be used,—whole wheat, graham, rye, brown and white. Sometimes one slice of white and one of brown, with a filling of a different color, make a harlequin sandwich.

The following list of fillings may suggest others: Cream cheese with shredded pineapple; cream cheese with chopped nuts and maraschino cherries; chopped egg and ham; chopped ham and chicken; peanut butter moistened with tomato juice; Canton ginger; lemon butter—butter creamed with a few drops of lemon juice; sardine paste with chopped pickle.

Salads

French Dressing

4 tablespoons oil
2 tablespoons vinegar or lemon juice
½ teaspoon salt
¼ teaspoon pepper
¼ teaspoon mustard

This dressing is frequently more tempting than a heavy mayonnaise. It will keep for a week if placed in a bottle and should be well shaken before using.

To this dressing may be added a little onion juice, grated cheese or chopped olives.

Green Salads

Lettuce may be shredded very fine with scissors or cut in fine strings and made into a nest. Water cress is spicy and gives variety. Romaine is a little more substantial than lettuce or endive, either the Italian which is curly or the Belgian which is more like celery. These greens give variety as backgrounds for many kinds of salads. When there is trouble in masticating, many chopped vegetables may be used attractively or these vegetables may be added to tomato or lemon jelly and placed on the leaves.

Tomato Jelly

1 1/3 cups tomato (canned)
½ cup celery or cucumber
1 slice onion
1 tablespoon parsley
¼ teaspoon salt
1 tablespoon gelatine, soaked in ¼ cup cold water

Boil all the ingredients, except the gelatine, together for 20 minutes. Press through a fine sieve and return to the stove. Add gelatine. When dissolved strain into small round bottomed moulds or cups. These give the shape of a tomato when turned out. Green peppers filled with tomato jelly, then sliced, give a very effective color scheme.

Desserts

Orange baskets may be used for jellies or Spanish cream. Half an orange shell may be filled with jelly, then cut into quarters and the jelly sprinkled with powdered sugar. Green peppers make very attractive baskets if stood on the stem or larger end. These may be filled with a fruit salad with whipped cream or marshmallows on top.

Lemon or Orange Jelly

1 tablespoon gelatine
1 cup hot water
2 tablespoons sugar
2 tablespoons lemon or orange juice

Dissolve the gelatine in the hot water; add sugar and fruit juice. Grape or lime juice may be used. Chopped or shredded pineapple makes a pleasant addition.

SPANISH CREAM—2 SERVINGS

1 teaspoon gelatine
1 tablespoon cold water
2½ tablespoons sugar
1 cup milk
1 egg
Few grains salt
¼ teaspoon vanilla

Soften gelatine in cold water. Make custard of milk, sugar, salt and egg yolk. Add softened gelatine and vanilla. Fold in stiffly beaten egg white, and pour into wet moulds.

FRENCH CREAM—2 SERVINGS

2 teaspoons gelatine
3 tablespoons cold water
1/3 cup boiling water
3 tablespoons sugar
1½ tablespoons lemon juice
1 egg white
½ cup soft custard

Soften gelatine in cold water, add boiling water and dissolve. Add sugar and fruit juice and stir until sugar is dissolved. Put on ice to harden. When jelly is set fold in stiffly beaten white of egg. Again put on ice. When set fold in soft custard. Put into serving glasses and put on ice to harden.

MISS MESSOLORA, Directress of the Division of Nursing of the Greek Red Cross at Athens, reports that eleven probationers who entered the Red Cross nurses' training school last autumn have successfully completed four months' preliminary training under Miss Karava, a graduate of the 1924-1926 International Nursing Course. The students are now on a month's trial in the hospital wards, after which they will be accepted as regular student nurses.

The six senior student nurses are now in the second year of their practical training. This is at present carried on in the wards of the Evangelismos Hospital, but when the new Red Cross Hospital is erected the training will of course be given there.

—Information Bulletin, League of Red Cross Societies, April 15, 1926.

Vacationing with Baby

MANY babies will join the Ford Caravan. For these the mothers will find powdered cow's milk a convenience as well as posessed of a greater certainty for cleanliness and good quality. It is easily prepared by mixing with boiled water according to the directions on the can. The resulting liquid has practically the same constituents as whole, fresh cow's milk and may be used for cooking, as well as for drinking, by the whole family. The water should be boiled first and allowed to cool somewhat before the milk mixture is made.

—Children's Bureau, U. S. Dept. of Labor.

Fourth of July and Tetanus

TETANUS, or lockjaw, is not communicable and one person does not "catch" it from another, but the disease results from getting the germs of tetanus into the body through a wound in the skin. When the germs find entrance to the body in this way and begin to grow, they produce a virulent poison which causes the muscles to contract firmly and since the muscles of the jaws are among those first affected, the disease has been given the name of "lockjaw."

The germs of tetanus produce spores which are very resistant. For example, they will even stand boiling for a short time.

Tetanus antitoxin should be used as a prophylactic in the case of any wounds or injuries which break the skin and which occur under such circumstances that tetanus spores may be introduced into the wound. This would include Fourth of July injuries, wounds from automobile accidents where road dust is rubbed into the wound, breaks of skin from splinters about barns, injuries from nails in gardens, etc.

Studies of tetanus deaths over a period of years indicate that more deaths occur in summer than in winter and that more deaths have occurred in Connecticut for the month of July than in other months.

—Excerpted from "Bulletin," Connecticut State Department of Health, June 29, 1925.

EDITORIALS

The American Health Congress

WE were reminded by the interesting bulletin published daily during that swift-moving week at Atlantic City that the word Congress means "to walk with." The Board Walk teemed with the throng of characteristically energetic and well groomed nurses. With what friendly earnestness did they in their thousands walk and talk with the hundreds of health workers described by Dr. George E. Vincent in his scintillating closing address as "the periphery of the Congress," and those who are called "leaders" in nursing had many welcome opportunities for fraternizing with less well known but equally ardent members of the profession.

The total cost in travel and other expenditures for such a Congress is enormous. What are its values? Was the Health Congress merely a splendid coöperative gesture or will permanent good ensue? Time alone will tell the ultimate values, but it was more, very much more than a gesture. New vistas of usefulness were opened to many of our own number, as for example, the private duty nurse who discovered how to use the riches of the American Heart Association. She needs such knowledge, for heart disease now outranks all other causes of death. Many of those who listened so avidly to the papers on Cancer for the first time have an awakened conscience as to the part nurses must play in the early detection of that disease. The failure of nurses to make any material progress in the care of tuberculosis patients, since the Seattle convention, four years ago, was brought home with startling force.

There is as yet no evidence to prove that health workers, as such, appreciate the basic problems of nursing education. The Congress demonstrated most amply how very badly we need to know each other better and it demonstrated several of the ways of bringing about this desirable end, especially in relation to that amazingly promising field, Child Health.

From the nursing standpoint it would seem that such a demonstration of professional dignity and unity could not fail to have a permanent effect on observers, for many persons are like the Health Officer who said, "I had not really believed that there were so many nurses in the world."

We should like to have heard a more definite expression of the place of *every* nurse in relation to health, an embodiment of that early slogan of Miss Goodrich's, "Every nurse is a public health nurse." However, the very presence of the administrative and teaching groups and of the hundreds of private duty nurses was perhaps sufficient evidence to all beholders, of the part they play in the health of the world. Certainly their programs demonstrated a constantly enlarging vision of the function of the nurse. While the Congress tended to nurture professional pride, it also deflated personal egotism, so huge were the audiences, so important and far-reaching were the subjects under discussion.

The consensus of opinion seems to be that a Health Congress, participated in every five years or so by health organizations, as such, and apart from their business sessions would tend to advance coöperative programs in promoting health. Such programs should help to bring about even better understanding and result in a coördination of effort resulting in the ideal health organization which is the dream of Dr. Frankel and others; namely, one national health

organization with subdivisions for all the specialties.

Should all the nursing organizations participate in such a Congress? That would seem to us to depend upon our own progress in sensitizing all our members to the preventive and positive health aspects of nursing so amply brought out at the Congress. It would depend, too, on our progress in impressing upon, not only health workers, but the public at large, the importance of that fundamental thing, the preparation of the nurse for the service which society is demanding of her.

Thus far we have been discussing the Congress as a whole. What of the conventions of the three nursing organizations? From every point of view they were highly successful. The National Organization for Public Health Nursing had a long-desired opportunity to hold joint sessions with such health groups as the American Public Health Association and the American Child Health Association. The American Nurses' Association and the National League of Nursing Education have never had better programs—the large attendance and the attentive attitude of the audience at every session was sufficient proof of their worth; but the animated discussions, the full notebooks, and finally the many orders for copies of reports and reprints, are concrete evidence of the success of the meetings of 1926.

Many of those in attendance would agree that three sessions only, that epochal one devoted to the discussion of private duty by Janet Geister and May Ayres Burgess, the program of the Mental Hygiene Section of the American Nurses' Association, and that on Supervision, with its sound emphasis on *nursing* by the Instructors' Section of the National League of Nursing Education, would alone have justified a long journey. It would be easy to choose three others as alone worth the effort! Even the most captious of critics would have agreed that nurses are searching for those things which will prove of greatest worth to the largest number of patients, actual or potential. Add to even these three the riches of the joint nursing programs, the four splendid Congress sessions, and an amazingly wide range of special topics presented by a total of 236 speakers, and it will become evident that there is a sound basis for the opinion of those confirmed convention goers who say that the spirit was exceptionally fine, the enthusiasm of speakers and audiences contagious, and that the cause of coöperative effort in health work has been measurably advanced.

The Arrangement and Program Committees cannot receive too much commendation for their work. The ease with which the ponderous machinery of that huge and many-sided Congress moved was proof that the National Health Congress and those coöperating with it possess that genius for organization that must lie back of all effective coöperative effort.

Our Presidents

ADDA ELDREDGE laid down the gavel of authority at Atlantic City and is succeeded in the high office of President of the American Nurses' Association by S. Lillian Clayton.

Miss Eldredge entered upon the duties of that office with a unique background for, in addition to a varied professional experience and many years on the Board of Directors, she had been Interstate Secretary. "Freely ye have received, freely give" might have been said to Miss Eldredge when she entered office, but no reminder has ever been necessary. Without stint, she has given of her knowledge, her time, her energies. With her unusual knowledge of the country, she has constantly endeavored to provide for wide professional and

geographic representation on important committees and so to tap for the organization and thus for the nurses of the country every source of inspiration and energy and power. It has been said of her that she "loves the A. N. A." and this we think is true. It is not merely an organization to her but a sentient thing, not only sensitive alike to criticism and to approval, but endowed with that marvelous force, the power of growth, that characterizes living things. We publish on page 533 her swan song, the address given at the joint meeting of the three national nursing organizations at Atlantic City. It is a characteristic accounting to the nurses of the country of her stewardship. It is a worthy record and it is to her credit that she sees much yet to be done. As a member of the Board of Directors she can and doubtless will assist her successor to carry her own and other plans to fruition.

We do not know if Miss Clayton yet "loves the A. N. A." in the same intimate sense. She has not had an opportunity to work for it in the same concrete way. We do know that she loves her profession and has an abounding faith in it, for she has given the devotion of a lifetime to that most arduous nursing—the care of the sick in municipal hospitals and the preparation of nurses for their calling. Those who know the story of the Philadelphia General Hospital know the indelible impress she is making on the life of a city, and her steadfast support of the work of nurses. She has been an indefatigable worker on state and national committees.

Miss Clayton was a wise president of the National League of Nursing Education in war time, when that organization was constantly confronted by problems of import to the whole future of nursing.

Gifted with clear vision, quiet courage, and a shining spirit, we may confidently expect her to lead the Association on to the completion of its immediate tasks and into new vistas of usefulness. Fortunate, indeed, are the 54,000 members of the American Nurses' Association in the leader they have chosen.

The National Organization for Public Health Nursing also changes presidents this year. Elizabeth Fox closed her brilliant administration with an inspirational address of moving power on How Shall We Use Our Opportunities?[1] in which she stated her belief that there are at least four essentials to sound growth which we must cultivate more ardently. Those are (1) the capacity for the reception of new ideas, (2) the power of adaptation, (3) a sense of reality, (4) unselfishness or purity of motive. Miss Fox is succeeded by Mrs. Anne L. Hansen, a woman who has long since proved her administrative ability as director of the Public Health Nursing Association of Buffalo and who for two successful terms as President of the New York State Nurses' Association has proved a doughty champion of nurses and of the best in nursing.

The National League of Nursing Education happily enters upon a second year under the wise and kindly leadership of Carrie M. Hall, whose spirit is made manifest in her address in this issue.

Journal Economies

HOW much of the news in the *Journal* do *you* read? It depends on your particular interests, of course, but the *Journal* Board and the editors believe that very few, if any of the subscribers read *all* the news; all of the national news, perhaps, and then that of the home state and perhaps one or two others, leaving the news of about forty-five out of the forty-eight states untouched. Unread type is a great

[1]Miss Fox's address will appear in the September number of *The Public Health Nurse*.

extravagance, for every line of printing costs money—your money!

The flood of excellent bulletins, state, district and alumnae now pouring into the *Journal* office has demonstrated a much more acceptable fashion of "getting over" local news. Friendly, intimate publications these, full of detail of local interest and well worthy such publication, but containing material which would be enormously costly if published for the whole country.

In an effort to give every *Journal* reader the largest possible amount of professional assistance and stimulation for the subscription price, two things have been agreed upon by the editors and the Board: (1) The encouragement of a still further development of local bulletins. Alumnae associations have found a bulletin one of the surest means of holding the group together in thought and interest even though the members were scattered over the face of the earth. The editors will be glad to assist associations desiring to launch bulletins. (2) A reshaping of some of the news carried in the *Journal* and the limitation of certain types of news.

In the June number we began economizing on space by putting all Commencements under one heading. We saved space but we gained readers, for we venture to say that each one of those commencement announcements was read by at least 50 per cent more people than would have been the case if the items had been distributed by states. The same will be true of state board examination announcements. After September, marriages will be omitted altogether; important though they are, we believe they belong in the local bulletins. Further plans are tentative. State Associations will not be limited any more than they have been in the past. District Associations are urged to send in quarterly reports and these should contain the important activities of the component alumnae associations. With the coöperation of alumnae chairmen, we believe that valuable pages can be saved for material of large interest and with very little or no loss of local interest.

The *Journal* is on a very sound financial foundation. Its total income is spent on the magazine itself and with the most meticulous care. No nurse could spend her income more carefully than does the *Journal* its budget. No nurse or other worker can possibly obtain a "rake-off" of any sort. The *Journal* belongs to the nurses of the country. The plan under discussion has been made by the editors and the Board only after the most careful thought and in the belief that it is a step forward in the service that the magazine, the largest and hence the most costly nursing magazine in existence, renders to its readers. The editors will welcome suggestions leading to further economies or further usefulness.

The Yale Commencement

IT was truly an historic occasion when the first class of the Yale School of Nursing was presented to President Angell for the conferring of diplomas and degrees on June 9. For the first time in that famous university, the new degree of Bachelor of Nursing was conferred. The fact that two students only were presented for it, alters not one whit the importance of the event. With what intense interest will the work of these young women be scrutinized for, the vanguard of a new order in nursing, they go from their school weighted with the responsibility of helping to point the way to some conclusions regarding the education of nurses.

Frankly an experiment in education, President Angell said the methods of the school are by no means fixed but may quite possibly be changed again and yet

again before the aims of Dean Goodrich and those who have so brilliantly supported her shall have been satisfied.

These, as the nursing world knows, are (1) the avoidance of wastage of time in the education of the nurse, (2) the correlation of theory and practice, (3) the securing of adequate material for the study of curative nursing, (4) emphasis on the preventive aspects of nursing.

Mr. Embree, of the Rockefeller Foundation, which made the school possible, in addressing the class, said that he had no better wish for the graduates than that, in their service, like a hard working and z e s t f u l Plunkett nurse with whom he recently talked in New Zealand, they might "have the grandest time of anybody in the whole blooming country."

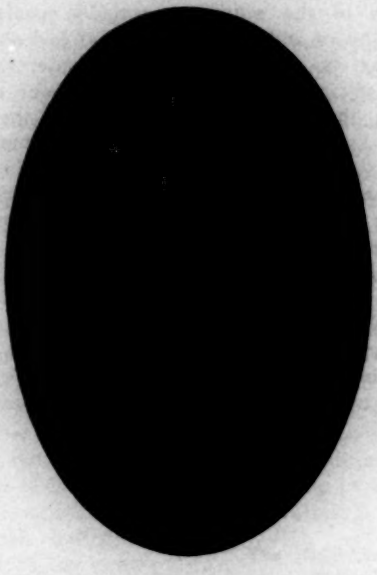
The graduation on the same occasion of the last class of the historic Connecticut Training School for Nurses, first school in this country to obtain a charter (although Bellevue preceded it in actually opening its doors), a school which has had an honorable record and has graduated almost one thousand nurses, brought home most forcibly to all observers the line, "the old order changeth." Boundless credit is due to the spirit and the vision of those whose interest was primarily in the older school, in relinquishing some of their justly cherished traditions in order to make this remarkable piece of scientific research in nursing education possible. Those who look on may well admire and emulate the thoughtful patience of those who, coöperating in the work, strive mightily toward yet larger results.

Psychiatric Departments in General Hospitals

Nursing problems of a special sort will also arise in the organization of a psychiatric department. But many of these can be minimized by the selection of a nursing supervisor who has had mental hospital training, preferably in one of the larger psychopathic hospitals. She should be permitted to select her assistants from those who have likewise had some acquaintanceship with caring for the mentally sick. Under the aegis of this supervisor and her trained assistants, student nurses from the general hospital may be assigned to the psychiatric department for mental training in lieu of being sent for a similar experience period to a state hospital for the insane. This feature is uniquely valuable because the types of mental disorders seen in the psychiatric department of a general hospital will more closely approximate those cases the nurse will be called on to help in the community than would be the case in a state hospital where chronic and end-result types predominate.

—George K. Pratt, M.D.,
in *The American Journal of Psychiatry*, January, 1926.

Who's Who in the Nursing World



LIX. JESSIE ELIZABETH CATTON

Miss Catton was elected Treasurer of the A. N. A. at Atlantic City and, in accepting the position, gave as her qualification for that important post the fact that she had once studied arithmetic under Miss Riddle, long time guardian of *Journal* and other finances! Although she was born in Michigan, Miss Catton is commonly thought of as a New England woman. Certainly New England nurses may claim her for their own, as she was graduated from the School of the Boston City Hospital during the regime of Miss Drown and Miss Riddle. Miss Catton supplemented this professional education with a year at Teachers College, Columbia University. She has done important work with the Massachusetts Committee for the Blind and has been an instructor in Home Hygiene and Care of the Sick for the Red Cross.

It is, however, as an administrator that Miss Catton has achieved distinction. She has been Assistant Superintendent of Nurses of her Alma Mater and Superintendent of both Hospital and School of Nursing at the Springfield Hospital, Springfield, Massachusetts; St. Luke's Hospital, St. Paul, Minn.; and the Lawrence General Hospital, Lawrence, Massachusetts. She is now Superintendent of the New England Hospital for Women and Children, that famous institution which graduated "America's First Trained Nurse." To all of these, Miss Catton has given modest, constructive and faithful service of a high order. Miss Catton has consistently upheld professional standards by working faithfully, and often inconspicuously, in state and national organizations. She was secretary of N. L. N. E., 1912-'13. She is a Charter member of the Massachusetts State Nurses' Association and is now its president. It is on the imperishable rock of such characters that our profession builds.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

Notable New Gift for Nursing Education

THE Illinois Training School for Nurses, Chicago, has made a gift of its holdings, totalling one-half million dollars, to the University of Chicago, to be transferred within a reasonable length of time, for the establishment of an independent school of nursing in the University with a course leading to the Bachelor of Science degree. The announcement was made by President Mason at the One Hundred and Forty-first Convocation of the University.

Taking Courage[1]

The Presidential Address—1926

BY CARRIE M. HALL, R.N.

WE have come together in these impressive numbers to consecrate ourselves again to the principles and ideals of the profession which we have elected to serve. Although this is the biennial convention of our organizations, it is the thirty-second annual convention of the organization which I represent,—The National League of Nursing Education. Upon this group, collectively and individually, rests the chief responsibility for the education of the nurse. This responsibility brings great obligations, for effective education in any profession depends largely upon the ability of that professional group to create leaders and to prepare teachers and administrators. These leaders and teachers and administrators must have vision and versatility and flexibility, as well as the capacity to work out educational methods which will meet the constantly changing and the ever broadening field of nursing. Our success, therefore, can never be an established fact, but must be a continuous process.

During this week, we shall again attempt to solve many questions which pertain to the preparation of young women to participate as nurses in the care of the sick and the promotion of health. Were this an easy task, and were our systems sound and well standardized, more of the problems would have been already solved, and we would not find a repetition or similarity of topics recurring frequently during a period of thirty years.

The League membership is composed of a highly specialized professional group. It has never had the power to impose its principles and ideals upon the hospitals of the country which maintain schools of nursing. It early recognized the need for better teaching and better organization of subject matter to be taught. It laid the foundation of the former through its course at Teachers College, Columbia University, and it stimulated the latter through publication of the Standard Curriculum. These ideas caught in the minds and hearts of nurses and spread like wildfire. In

[1] Read at the American Health Congress (the thirty-second annual meeting of the National League of Nursing Education), Atlantic City, May 18, 1926.

1920, the League undertook a program of publicity to secure an eight-hour day for student nurses. It was successful in that, within a year, several hundred schools had adopted it. Other improvements in matters relating to preparation of nurses have been brought about through publicity. As the rousing of public sentiment has always been the most potent factor in progress and reform throughout the world, so the League, for its success in introducing a finer quality of instruction and more effective methods of teaching, with resulting better care of the sick, has had to depend upon education of the women in the profession and the stimulation and support of public opinion.

Every organization must depend for its success very largely upon the work of committees. The Education Committee has been and is the mainstay and the backbone of the National League of Nursing Education. The results of the work of that Committee are felt in every corner of our country where conscientious work is being done in the preparation of student nurses. The influence of this Committee extends to foreign countries where our women are engaged in pioneer work in establishing schools of nursing. The great piece of work upon which that Committee is focussing at the present time, is the revision of the Standard Curriculum. The Education Committee, with sub-committees and with the assistance of women in other professions, has been engaged for many months upon this valuable contribution. Our grateful appreciation should go out to those women who are giving so many hours of valuable time and careful thought to the preparation of this volume.

As a by-product, perhaps, of the Education Committee, has come the Grading Plan Committee. I do not need to tell you of that. The personnel of that Committee has been published in the *Journal* several times, including the organizations represented. We shall have, during these sessions, the opportunity of hearing, from the Chairman, the plans and policies which the Committee has outlined.

The Revision Committee of any organization is, perhaps, one of the most overworked of committees. This is particularly true of our organization. In Minneapolis, last year, it was felt that reorganization had been completed. During this year, so many questions, particularly with relation to membership, have been presented, that it has been necessary to refer these to the Revision Committee for further study. You have, therefore, found articles of revision in the call for the meeting, which will have to be acted upon during these sessions. Our group will have to decide whether it is to remain a highly specialized group, or whether it will interpret the basis of membership on a much broader plane, recognizing that most nurses are, or should be, teachers and therefore, in a measure, engaged in education.

For many years, the need of a central office which would collect data and disseminate information has been recognized. The development of Headquarters we must now regard as an established fact, and the maintenance of our Headquarters is essential for future development. Four years ago, in Seattle, in fear and trepidation, and without much money, the step was taken which placed an executive secretary in charge of the affairs of the League at Headquarters. These four years have been useful as well as experimental in the growth of the work. We need to keep open and critical minds with regard to this work; to use its resources freely and intelligently; to ensure that the plan of work is of the greatest possible value from a national point of view. We should endeavor to discontinue those

activities which tend to become only local in character and to accentuate the activities which are nation-wide in usefulness. It is perfectly evident, as you have learned from the report of the Executive Secretary, that with increased financial support and with a larger staff, Headquarters may develop new projects along lines which have not yet been touched or even recognized.

Whatever is done, either by the central office staff, by standing committees of our national organization, or by committees of state and local Leagues, we need to strive always for a clear conception of our problems and a definition of our field of service. In other words, we must not, in our struggle for higher standards and finer technic, allow our aims and our methods to become confused. Every suggested change in our curriculum should be critically scrutinized and measured in terms of better nursing,—whether that nursing be the bedside care of the patient in the hospital, or in his own home, or in the newer fields of public health. We must not lose sight of the fact that we, and all of our organizations, exist to improve the quality of nursing of every kind, and to maintain standards which attract a fine type of woman into the field.

Because of the rather rapid process of evolution in our present-day civilization, we find nursing occupying a comparatively new and rather astonishingly important place in the social and economic scheme of things, offering many services and fulfilling many needs in fields not thought of a few years ago.

Those of us who are closest to the work recognize many of the weak points in the structure. The needs and the purposes of the hospital and the school of nursing do not always run in parallel lines, but are frequently widely divergent. The instability of organization of schools of nursing is a matter of anxiety to many a principal of a school of nursing. We deplore low entrance standards and the lack of uniformity in teaching. We aim at perfection. We are disappointed because in the span of a lifetime, perfection is not yet achieved.

Seldom have we ascertained whether other professions have equally disturbing problems. Not long since, I learned that in one state the legal minimum educational requirement for a candidate taking examination for the bar, is completion of grammar school. If such an old, dignified, and well established profession has achieved legally no higher educational requirement, may we not take courage and find some pride in our own accomplishments?

The League had its beginnings in that remarkable conference held thirty-three years ago at the Columbian Exposition in Chicago, and is the parent organization. It was about the same period that many other women's organizations were having birth. The great movement was beginning which is releasing the energies and peculiar abilities of women for public service. The idea was contagious and spread from state to state, from city to town. Today, there is not a town of any size without its women's organizations. They are banded together into great national federations. The women who composed their membership in the beginning, with a few exceptions, were timid, unaccustomed to public appearance, hesitating even to participate in discussion.

Today, women's meetings are conducted with perfection of parliamentary practice. Women no longer hesitate to express their independent views. They are interested and active in work and in all measures for progress and reform. They have become a new power in the land. They, too, are accomplishing much through education and stimulation of public opinion.

Our nursing organizations have had a parallel and possibly an even more vigorous growth to which we may point with pride. Records disclose that the first organization was begun with considerable uncertainty. Our women, however, soon gained confidence in themselves, inspired by the large possibilities of a fine human service and challenged by the very magnitude of their problems and responsibilities in the adequate preparation of nurses, to meet the constantly increasing demands in numbers and in types of service. They, too, soon acquired knowledge of parliamentary procedure, until today they no longer remain silent, but dare even to face audiences like the one before me. They take their part in great international congresses, and wherever and whenever they believe that the cause for which they work is just and may be advanced. They have acquired self-reliance in managing their own affairs. Much progress has been made in the consideration of and in the solution of professional problems.

May it not be true that we allow the pressure of our own work and our heavy responsibilities to consume an unfair proportion of our twenty-four hours, and to more or less isolate us from other groups? Occasionally, one hears of a nurse who is a member of, and takes part in, the women's club work of her town. Too frequently, nurses fail to make this or other social contacts. Though, as a profession, we must continue to bear our professional responsibilities, many of our problems are community problems and should be shared with others. We, therefore, need the stimulation, enthusiasm, and knowledge which come from contacts with other groups.

We need to learn not only to work with others, but to play with others,—to find a new joy and possibly a new solace in a distant perspective and a wider horizon. If we are to continue to influence the destinies of those nurses who follow us, through the preparation which we give them, should we not continually strengthen ourselves by mingling more frequently with other groups in the community and by taking a more active part in civic, educational, and social activities?

As a girl, just out of school, and before I had seriously turned my thoughts to nursing as a profession, I attended that great Exposition in Chicago, in 1893. Little did I dream that within those walls, an epoch-making conference was occurring, which would influence my whole future life, nor that some of the women participating therein would become my friends. My chief recollections of that great Exposition are of the beauty of its architecture; the whiteness of its buildings, resembling purest marble; and the brilliancy of the electrical display at night. That wonderful setting must have given to the small group of nurses assembled there a fascinating background for the work upon which they turned the spotlight of their attention. It must be a matter for pride and gratification to those women who are still with us, that great groups like these, with their enthusiasm and inspiration, have come into existence; that through them, wherever our women go, into all parts of the world, nursing has been elevated.

As the "little lamp of Florence Nightingale dissipated the gloom of the long corridors at Scutari, and her genius banished old mists of stupidity, misconception, and long settled customs in the realms of thought," and as the brilliance of the setting in Chicago in 1893 illumined the path of our pioneer women, may we not here in this great assembly, gain the courage to go on again, carrying the bright light of the torch of our principles and ideals ever higher and higher.

Supervision[1]

Methods of Increasing Ward Teaching and Improving Supervision

By Mary Marvin, R.N.

FOR years our most progressive leaders in nursing have tried to improve the system used to educate the student nurse so that she would be better qualified to teach health and nurse the sick. Long ago they recognized that the apprenticeship system in vogue in the training school, whereby most of the teaching was done at the bedside, was inadequate. With the growing demands made on the students, it seemed better to give a good foundation of subject matter early in the course as a basis for subsequent work. Thereupon, the preliminary course, consisting of new subject matter, was gradually established and the more advanced studies were by degrees strengthened. Consequently, the students are now much better prepared to meet the new responsibilities increasingly put upon them, as a result of the growth of medicine and public health.

When one traces the expansion of the curriculum, one can readily understand why teaching in the ward, at one time more or less incidental and indefinite, in many schools was delegated more and more to the class rooms. For a few years it was necessary to focus attention on class-room activities and, as a result, ward teaching has slumped. Moreover, the development of specially trained instructors, expected to take all the responsibility of teaching; the appointment of student head nurses, unable to direct the teaching; increased responsibilities and more complex nursing procedures, all contributed to undermine the original teaching function of the head nurse. Older nurses, who have been observing the effects of the changes in the curriculum, are now conscious of the loss of some elements which they believe were better provided for under the old system of bedside teaching.

Way back in 1860, Florence Nightingale wrote:

> The writer who has herself seen more of what may be called surgical nursing, i.e., practical, manual nursing, than perhaps anyone in Europe, honestly believes that it is impossible to learn from any book and that it can only be thoroughly learnt in the wards of a hospital.

It has now come to us forcibly, that no school can afford to let any of the possibilities of this part of the school program go undeveloped, because it is needed to supplement the other class work. In view of this, two studies were made in Boston at the request of the principals of two schools, one at the Massachusetts General Hospital, in 1923, and the other at the Children's Hospital in 1925. The purposes of these studies were the following:

First. To determine so far as possible to what degree the students were getting an education in nursing while on duty in the various services.

Second. To find ways of helping students who had not had their related fundamental studies such as medical or surgical diseases, so that they could give better and safer care to their patients, and in return secure for themselves a more profitable experience in their daily practice.

Third. To seek ways and means of increasing and improving teaching in the ward, in order to enrich the experience of the students and improve the quality of nursing in the hospital.

Time does not permit a description of

[1] Read before the Instructors' Section, National League of Nursing Education, American Health Congress, Atlantic City, May 20, 1926.

the methods and procedure of the analyses, but the following are some of the conclusions, selected because they have a bearing on the situation in most of the better schools in the country:

1. *Assigning a student to duty in a ward does not necessarily guarantee an education for her in that kind of work.* Fourteen months of experience in a surgical ward is not twice as effectual as seven months. The criterion is not just the length of time. The value of any ward experience to a nurse depends upon several factors,—first, the characteristics of the service itself, that is, whether it is acute or chronic; second, the abilities and attitudes of the students, which are determined to some extent by the standards of admission and quality of instruction; and third, the influence of those in charge of the students while they are having their experience. Therefore, responsibility to a student is not ended when she has been sent to a ward for experience.

2. *It is a principle of vocational education, that theory is most effective when given simultaneously with its related practice.* In most training schools, it is not possible to give all the students their lecture courses while they are practicing; a few fortunate ones do have theirs at this time, others less fortunate have the theory first, while the luckless ones are those who have their practice first. Some provision should be made for this last group for their own sakes and for their patients. Human lives are endangered when students assume responsibilities for which they are not prepared. Individual case study would bridge this gap, because it would help the pupil to understand her cases as she went along and permit a good background for the future courses. Lectures which come before the practical work are often forgotten because they lack the gripping associations which that experience gives. The case study method would help the student recall and apply the theory.

3. *The opportunity to correlate theory and practice in ward teaching is unique.* Nurses are usually familiar with the technic of nursing, but they do not always recognize the basic principles underlying it. Application of the principles of materia medica to actual medicine giving, of industrial hygiene to lead poisoning, of cardiac disease to cardiac nursing, could all be made at the best psychological time; namely, when the student is nursing these patients. Of course some of this correlation could be made in the class room when the appropriate lessons are taught, but it needs reinforcement when the students are having their practical experience. Clinical teaching could contribute so much in putting into practice, the foundational sciences and other related classroom teaching.

4. *On some services there is an unusual opportunity to tie up the ward work and that of the out-patient department, effectively.* For example, in the orthopedic wards of the hospitals where patients were making slow recoveries because of the chronic nature of the diseases, students rarely saw their cases through. If, at this time, they could hear about the end results of other similar cases returning to the out-patient department, it would be enlightening. There are many ways of bringing this about and a plan which would be suitable in one school might not fit into another. The person who teaches nurses in the out-patient department might check up certain cases in the acute or early stages in the orthopedic ward and compare them. The instructor, or head nurse, or both, might confer with the nurses on duty in both places in order that each set of nurses would get the early and later picture of the same diseased condition which neither group could ever hope to see in one place.

5. *More help is needed in most places if a piece of definite ward instruction is to be incorporated.* There are several possibilities here. More attendants, ward helpers and graduate nurses might be admitted in some schools. If graduate nurses do not work harmoniously with the undergraduates, perhaps some wards could be assigned to them entirely, in order to release students to places where the teaching possibilities are greater. Graduates might also be assigned to some of the night duty. Clerks or secretaries might be given some of the charting and other clerical work which at present consume a great deal of somebody's time; in one school, on an average of two and one-half hours daily.

6. *The opportunity to develop a public health and social service viewpoint in the ward is splendid.* The patient must not be considered just a sick person in the hospital, but rather a member of society with definite relations to the home, social agencies and community. In one of the hospitals studied, there were excellent relations between the training school and social service department. The class work in social conditions began in the preliminary term and was resumed again in the third year, while in the interval, the medical social service worker helped the nurses in

the ward in understanding the relation of the patient to the social agencies.

7. *The reason why students do not respond more fully to their patients is that they do not usually know enough about them.* If a student is familiar with the etiology, the symptoms, the prognosis, if she has an appreciation of the laboratory findings and treatment, a thorough knowledge of the nursing technic and the principles underlying it, that case will necessarily mean more to her and she will be more successful in nursing it. According to the laws of learning, the stronger the interest, the greater the effort. As an illustration of a case where a knowledge of the history kindled a new interest and sympathy, the following true incident is cited.

Into a busy medical ward was admitted a single woman, about forty-five, tired, rather sad looking, and somewhat emaciated. She had no outstanding symptoms but had a poor appetite and insomnia. There was no pain and no visible wound. Busy students asked one another: "What is the matter with her? What is she here for?" The patient was treated kindly, that is, all the necessary things were done, but most of their attention was focussed on other patients, who seemed to be suffering more. When the history developed and the same nurses had time to study it, they discovered that she was very poor, she had worked hard as a clerk all her life for a small salary, she had supported an invalid mother until her death, and was responsible for a helpless sister. She, herself, exhausted from work and worry, and suffering from depression, was diagnosed "neurotic." It was most interesting to see the reaction on the part of the students to this knowledge and the beneficial effect of their apparent interest in the patient. Doctor Thorndike says, "—children of a school class may work with doubled efficiency simply from learning the significance of the work to their wants."

8. *The native interests of student nurses are not always taken into consideration and their individualities are frequently repressed.* Students' interests are different; one may have finished work of a few patients' most at heart; another, the management of an emergency; the third, may be most interested in the public health aspects of the cases, whereas the fourth may show unusual interest in executive work. So far as it is possible to manage the work of the ward according to *the needs of the patients* and the *whole coöperative project*, the interest identified with the nurse should be given some chance to practice with satisfaction. The wards are abounding with all kinds of situations which should satisfy most of the interests and instincts of all students,—the maternal, the housekeeping, executive and educational. The pupils' personality should be drawn out, not repressed. The first indicates growth; the second, actual injury. The student with executive ability may be given an opportunity to develop that on a small scale in the ward. The scholar who thinks she won't like practical nursing might be given a chance to study the cases in such a way that the practice will later actually make an appeal. When the student leaves the school, she should feel that she has only learned the fundamentals of her profession and that the opportunities ahead for future growth are unlimited.

9. *The interpretation of the objectives in nursing are sometimes too narrow and the whole growth of the student is sacrificed to the development of a few abilities which are convenient in doing up the hospital work.* Psychologists tell us that no one ever learns one thing at a time. Doctor Dewey says there are three kinds of learnings going on simultaneously. One kind is concerned with acquiring skill in doing a procedure or mastering a technic. Too often this particular kind of learning is over-emphasized in the nursing school, to the exclusion of others. Head nurses are likely to rate students the highest who excel in manual dexterity, neatness and speed, whereas, other standards of measurement more important, are ignored. In the second place, consciously or unconsciously, the students are forming attitudes towards patients, superior officers and the whole profession, while they are doing their tasks of the day. Good attitudes strengthen the character of the student. Student government is one means, but we must not depend too much on it alone to develop the students as individuals. The third kind of learning consists of all those which grow out of the present tasks and stimulate one to think way beyond them. If we are honest with ourselves, we shall have to acknowledge that we are weak here. To illustrate,—when the average student gets her experience in communicable disease nursing, she usually learns the fundamentals of that particular case in that special hospital. Now, at the same time, she should be impressed with the preventive aspects of all infectious diseases, the general relations of communicable disease patients to their environment and the significance of communicable diseases as a national health problem. She

ought to develop an inquiring attitude of mind about all the big related facts which should grow out of a knowledge of the individual cases. But how often does she? The sum of the three learnings is concerned with the pupil's whole life and future outlook. Therefore, if we considered less the appearance of the beds, the square corners of the spreads, and the stain on the label of the medicine bottle, and more the growth of the student's knowledge of her whole work and the development of good attitudes which build character, would not our graduates adapt themselves a little more successfully into community service?

10. *Students often find the work less mentally stimulating and interesting as time goes on in the school.* One of the most attractive attributes of a group of preliminary students is an inner interest in nursing. It is this precious quality which makes everyone love the probs! They inspire! Sadly enough, this interest is less apparent in the second year, and often dwindles in the last. Sometimes, just rarely, it is not present at all in the graduate nurse. The Committee for the Study of Nursing Education in the United States made a point of the fact that student nurses found the work stale the last year. We ought to face the question squarely and try to find out why groups of nurses filled with the spirit of service and thrilled with the prospect of nursing lose interest in a work so vital and full of human interest. Two answers in the same discussion are continued fatigue with too little time for mental recreation, and assignment to too much routine ward work. Routine has its place in all occupations and professions within certain limits. In the hospital, certain procedures which do not affect the patient in an undesirable way could be attended to by routine, so that more time, energy and reflective thought could be put on other problems which concern patients more individually. Each student should understand the economic value of this kind of effective habit formation. On the other hand, if the student is oppressed with too many meaningless tasks, she may be unhappy doing them. They may appear to her to be unimportant, and they may restrict her initiative, resourcefulness and independence. This kind of routine will thwart her purpose instead of widening her horizon. Similarly, constant repetition of the same tasks may have the same effect. Work must be planned so that each student will have a variety of cases and many different tasks to perform. Gradually as the student develops skill, new responsibilities might be added to older ones so that different aspects and meanings would prevent old work from becoming humdrum. In this way some tasks which are now considered to be routine could be removed from that category. Bathing a case of pernicious anemia might be routine under some circumstances, but if a student knew the composition of normal blood and compared its picture with that of the patient's, if she knew the effect of each transfusion and checked it up with the patient's physical strength, if she knew the occupation, health habits, and something about the family and home conditions, that case would be full of human interest for her, and the bath, as part of the treatment, would furnish an opportunity of continuing important observations which would make for more considerate care. In spite of all its wealth of educative possibilities, much work in the hospital is routine, and in performing it many students lose their original enthusiasm. Graduate nurses not infreqently feel that their education so highly paid for is over when they finish their training. They sometimes consider it to be a three-year course, not a life process. Our school situation, and that is largely a ward situation, is somewhat responsible for many undesirable elements of the graduate nursing situation at the present time. In his book on "Human Relations in Industry," Wolf points out the fact that neither shorter hours nor increased wages will relieve the present situation of routine in industry. He writes, "Any type of organization that disregards the right of every individual to think and to plan in the day's work is violating a great fundamental universal law."

11. *Two of the greatest influences in the education of the undergraduate are the supervisor and the head nurse.* The students in the nursing school spend about three-quarters of their time in the wards, practicing nursing. Here, they come under the influence of the supervisors and head nurses for about eight hours a day for over two years. The right kind of ward teachers are just as important if not more important than good classroom teachers.

12. *To supervise means to teach.* Most supervisors are essentially administrators. They are given so many hospital and training school executive duties that the actual ward supervision becomes a side issue. Some duties of the supervisor might be:

a. To audit and follow up the lectures

related to the nursing in her particular division.

b. To help correlate the nursing work in the wards with the other related services.

c. To organize the teaching in the wards and put it on a definite basis.

d. To be responsible for the adequate supervision of the nursing when it is in process, so that better care of the patients will result. Indeed, a better quality of nursing work is expected to be one of the most important effects of this whole scheme.

e. To assist the head nurses in planning their work with the greatest degree of efficiency.

f. To staff the wards which are under her jurisdiction with students sent to her for their education, in order to give the students a wider range of cases and to staff the wards more effectively each day.

g. To make a job analysis of the whole ward situation in order to improve all the phases of the work from housekeeping to nursing. This should not be limited to the smooth running of the ward in the present, but should also provide for its development so that it may serve its dual function for patients and students more successfully in the future than it has in the past.

h. To interpret the patients in the hospital in their broadest relationships, appreciate the institution as a community agency and the relation of the whole to public health in general.

To be a supervisor, indirectly in charge of the efficient management of many sick patients, some acutely ill, to have the task of developing several young head nurses, and to help educate a number of students, is a rich full-time job in itself, and supervisors should be released from outside responsibilities in order to pursue it. To do this work well, a supervisor should have ability and special training. The qualifications of a good supervisor would be a good graduate nurse with executive ability who has had head-nurse experience, who knows teaching principles, who has ability to get along with people, and who has at least an appreciation of public health and social service work. There are a great many other assets one might have, such as a broad education, vision, creative ability, and a fondness for experimentation. Of course only a few of these attributes will be found in many, but if some exist in a few candidates, perhaps others could be cultivated under the guidance of the head of the school. What the supervisor owes the student, the principal of the school owes to some extent to her supervisors.

13. *Head nurses need help, guidance and inspiration.* Many head nurses are recent and inexperienced graduates who do not have all their new responsibilities clearly in mind. They are most likely to conduct themselves like head nurses they have known. How many head nurses have had any actual preparation for their jobs? Yet they are directly responsible for the care of the patients in the hospital, and for the field work of most of the students. They need counsel from someone above who is really near enough the work to feel their problems as they do, and this is where the right kind of a supervisor can exert a powerful influence.

Therefore, in each school three factors, environment, personnel and time must be considered in order to develop this work.

1. The environment must be conducive to teaching, that is, there should be a sufficiently active service and good working equipment. The standards need be no higher than those required of any hospital that legitimately establishes a school of nursing.

2. The personnel should consist of qualified supervisors, head nurses and students with a good preliminary background. There must be enough help, consisting of nurses, attendants, orderlies, secretaries, or clerks to make it go. One might experiment a little in the beginning with an inadequate personnel and then one would know how to develop the plan.

To recapitulate, in the last several years, because of various unintentional causes, teaching in the wards has deteriorated. On the other hand, classroom teaching has increased in amount, improved in quality, and has thoroughly justified itself. Nevertheless, classroom teaching is not a substitute for individual case or clinical study and never will be. Case study is one of the only ways of making the student see that each patient is a sick individual who has

many outside connections, and it is one of the best ways of developing a nursing conscience.

There are some defects in the administration of the ward at the present time which seriously stand in the way of making it the best teaching laboratory in the school, although by its very nature it possesses many elements of an ideal situation. If the people directly in charge of this part of the school were impressed with the advantages which the right kind of ward teaching would bring about in the evolution of better nurses and nursing, and furthermore, if they were guided in improving their work, there is not much doubt that they would gradually assume their new responsibilities with eagerness and interest. Good results have been obtained here and there with some good incidental ward teaching, but what great success might be obtained if all those who can, would concentrate on the proceedings taking place where the students work with their patients, the most interesting, strategic, and vital teaching center of the whole institution, the ward!

The 1927 Convention of the National League of Nursing Education—Where?

THE place of holding the 1927 annual convention of the National League of Nursing Education has not yet been decided upon. The decision will be deferred until October 1, and up to that time the organization will be open to further invitations. As far as is consistent with the invitations received and the local facilities available, the policy is to distribute the place of meetings over different sections of the country. Members will recall that the 1925 Convention was held in Minneapolis, Minn., and the 1926 just passed, in Atlantic City, N. J.

Address invitations to the Secretary, Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York, N. Y.

THE Icelandic Nurses' Association sent out, in June, 1925, the first issue of their new publication *Timarit*, which is written in the Icelandic language and mimeographed. The second issue, consisting of eight pages, was sent out in February, and it is intended that this little paper should appear several times during 1926. The Editor is the President of the Icelandic Nurses' Association,—Miss Sigridur Eirikss.

The *I. C. N.*, April, 1926.

Jane C. Allen at National Headquarters

IT IS with extreme pleasure that the National Organization for Public Health Nursing announces the appointment of Jane C. Allen as General Director of the organization.

Miss Allen was born and educated in Illinois and also received her nursing education in that state. She brings to the National Organization for Public Health Nursing a varied experience, having engaged in county, city, state and university work under the auspices of both voluntary and official agencies and in the fields of organization, supervision and education.

Miss Allen spent seven years of her professional life in the states of Oregon and Washington. The last three years have been spent in the East, in the organization of county services and as Assistant Instructor in Nursing Education at Teachers College, Columbia University.

The National Organization for Public Health Nursing looks forward to a future filled with achievement under Miss Allen's guidance and leadership.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Pan America and the Red Cross

THE unity and force of Red Cross effort throughout the world to improve health, to prevent disease and to mitigate suffering has been impressed on many people these past eventful days, since May 25. It was on that date that the second Pan American Red Cross Conference convened in Washington and the meetings, which ended on June 5, have made the foregoing impression a deep one.

Problems that confront the Red Cross in this country also confront it in other countries. The need for the services of the Red Cross Nurse, so well understood in the United States, is the same elsewhere. In spoken word in three languages—English, Spanish and Portuguese—as in those pictorial realities from film-land, captioned in French as well as the official tongues, these facts have been brought out.

To see the Red Cross Nurse at work, as depicted in these cinema films, paddling her canoe over broad rivers to a lonely settler outpost in Canada, or stationed in a clinic of an up-province hospital fighting tuberculosis and malaria in Pernambuco, Brazil, or in the awful scenes in improvised hospitals and dressing stations in Tokio after the Japanese earthquake, prints deep on brain and heart the imperative need for the Red Cross peace-time program. Peace truly has her conflict no less renowned than war and she may also have her victories if present projects are carried through to perfection.

To this conference, held under the auspices of the League of Red Cross Societies, which today represents fifty-four such institutions, came some of the finest minds from every country in the two Americas having a National Red Cross Society, ranging from Canada on the north to Argentina and Chile on the south; from twelve European countries; and from India, Japan, China and Australia. The President of the United States, in his capacity as President of the American Red Cross, greeted the delegates in person on the opening day, May 25. After Judge John Barton Payne's welcome as Chairman of the Board of Governors of the League of Red Cross Societies, Dame Rachel Crowdy, chief of the social welfare and opium section of the League of Nations, said that because there was no greater way in the world to promote and maintain peace than by helping the sick, diminishing suffering and removing social misunderstandings, she was there "to tell the Second Pan American Red Cross Conference how much the League of Nations is in sympathy with everything that the League of Red Cross Societies is doing and with the program that is being carried out by this Conference."

Sessions were interlineated, so to say, with excursions taking the guests from overseas to the heart of America, Mount Vernon; to some of the homes of America in Warrenton, Virginia — Judge Payne's "home town"; and with social functions at the White House, the Mexican Embassy, the Pan American Union, and elsewhere. Notable among the health films shown on three afternoons were two from the Rockefeller Foundation "Unhooking the Hookworm" and "Malaria."

The Resolutions

AFTER lengthy and keen deliberation the five Commissions appointed the opening day to study publicity,

disaster relief, public health, nursing, and Junior Red Cross, prepared a series of resolutions for the consideration of the conference which were passed at a plenary session on June 4. Certain of these are of particular interest and they are selected for summary or quotation.

The first commission, for instance, recommended to Pan American Red Cross Societies

> the orientation of their activities toward the most complete collaboration with the national agencies having similar purposes, in order to make possible the coördination of all efforts in each country to promote social welfare.

The second commission urged the advisability of a department of disaster relief at each national headquarters; an exchange of the latest plans and policies and an interchange of personnel for the study of relief administration; collaboration with the secretariat of the League of Red Cross Societies in plans for international relief activities; the study of plans in each main geographical area subject to the same types of disaster for interchange of aid; and recommended:

> That the National Societies represented in the Conference should bring to the attention of their governments the importance of the interchange and distribution of all scientific information relative to possible disaster hazards such as earthquakes, floods, epidemics, etc., in each area.

The third commission recommended: that Red Cross Societies use their influence with governments to bring them to study the problem of inadequate resources in the home with certain allowances as a solution of the problem; "taking into account modern ideas on the importance of the lymphoid system in the physical and mental evolution of the child" advocated "such action as will enable teachers to advise medical examination of every child who seems to suffer from a tonsillar affection"; "the teaching of health principles with a view to the development of a *public conscience* in the great medical and social problems." The Conference affirmed

> its acceptance of the principle that Red Cross workers should seek and accept the guidance of the natural leaders in all health matters, namely, the doctors, public health nurses and other important teachers.

Its resolutions further recommended the diffusion of "such popular information among laymen and laywomen as will help to make the special professional knowledge of the few, beneficially effective in the lives of all."

Finally, resolutions on Nursing Outpost Service, Housing, Industrial Hygiene and a recommendation for "the adoption of an educational project in nutrition and food selection in the health program by each National Red Cross Society" concluded a long and important series.

The commission on nursing, of which Prof. Severo Toranzo of Argentina was nominated chairman and Clara D. Noyes, vice chairman, recommended among other points:

> a. that National Red Cross Societies work for the advancement of nursing education in their respective countries, endeavor to promote in the minds of the public the national importance of nursing and assist toward the improvement of the social and economic status of the nurse.
>
> b. that each National Red Cross Society constitute an Advisory Nursing Committee to be composed of representative nurses, whose appointment is recommended by the National Nursing Association, and representatives of the medical profession, and of the health, educational and hospital authorities, to study the needs and guide the development of all nursing activities undertaken by the Red Cross

and that scholarships be provided "to send well educated young women to countries where well established schools of nursing exist for a full course of instruction in nursing, in order that they may return to their respective countries to assist in the establishment of schools of nursing."

Two Interesting Meetings

OF great interest to Red Cross Nurses were the meetings on Thursday, May 27, when the subject was "Nursing," and on Saturday, May 29, on the topic of "Red Cross Health Activities."

Miss Noyes was the opening speaker at the former and, as Katherine Olmsted, Director of the Nursing Division of the League of Red Cross Societies, said in her summary of the discussion "Miss Noyes' report should prove a valuable textbook for beginners of schools and I hope will have wide distribution over the entire world." Among the points made by the Director of American Red Cross Nursing Service were:

. . . we cannot progress very far in any direction where the care of the sick is concerned—whether palliative, remedial or preventive—without the well trained nurse. We look for the source of supply and find it in the School of Nursing.

Those who have given much thought to the matter are beginning to feel that nursing is in a general sense a national service, and that the preparation of the nurse is a matter of vital concern not only to her school and hospital and to herself, but to the country at large. . . .

In developing a plan of instruction that will be helpful as a standard, certain facts must be borne in mind:

First: That the education of nurses is not carried on in an ordinary type of school, but in hospitals and under a system that requires that the practical training shall be obtained through service in the various departments.

This arrangement which prevails the world over is a deciding factor as to the character and amount of theoretical instruction.

Second: That a plan of instruction does not operate itself, no matter how well planned, it cannot function without qualified instructors, supervisors and teaching equipment. . . .

Shorter hours and better teaching inevitably attract more and better qualified candidates to the school.

The organization of the ideal school of nursing was then fully outlined.

Major General M. W. Ireland, Surgeon General of the Army, followed with a description of "The relation between the nursing service of the American Red Cross and the Army Nurse Corps." He aroused great interest when he said "In the organization and equipment of the base hospitals for the Army, with a total personnel of 4,397 nurses, the Red Cross accomplished the greatest single project of medical and nursing preparedness in history."

Miss Olmsted brought out the point that three evils (no school of nursing, or an immature Red Cross school of nursing, or inadequate short courses in nursing) could be avoided by the initiating of *coöperative plans* between the Red Cross Society and Government and Universities "for the improvement or establishment of Schools for Nurses and Public Health Courses, using the graduates of these courses in an enrolled service for their Red Cross work when needed."

Discussing "The Red Cross as a Peace Time Health Agency," Prof. C. E. A. Winslow said that the Red Cross mission "is one that is clear and well defined."

. . . The Red Cross has been called 'The Greatest Mother in the World' and it is the privilege and the duty of a mother not only to bind up her children's wounds but to teach them how to avoid the dangers which may threaten in the future. . . .

The danger lies perhaps in attempting too little rather than too much. As each national society has a problem somewhat different from that of every other, so it is true that within a national society each chapter must meet peculiar and individual circumstances. Yet I cannot but believe that a clear and definite general program would be of assistance, however much it might be modified in individual instances. With all allowances for local differences, a bold leadership from national headquarters could easily, I think, bring about a more uniform and aggressive effort than is now generally manifest. The remarkable achievements of the Canadian Red Cross, with relatively modest resources but with a clear and comprehensive program, is an admirable illustration of what may be accomplished along such lines. . . .

Our object is to change the daily habits of life of the woman in the home and of the man at the desk and the work-bench. Such a change cannot be effected by laws but only by the slow process of education. In recognition of this fact the public health movement in the past ten years has become more and more definitely educational in its very essence. . . .

The second great object of our health campaign should therefore be the provision of the health protective machinery of which every community is in need . . . it must be remembered that the most effective form of education is concrete demonstration.

Elizabeth Gordon Fox, Director of American Red Cross Public Health Nursing Service, speaking at the same session on May 29, said that today's problem was not lack of knowledge but the dissemination and application of the discoveries of medical science.

If I were to ask (she said) how many of those in this audience who are familiar with the principles of hygienic living are practicing them habitually, I doubt if any one could answer in the affirmative. If it is difficult for us who are supposedly not only intelligent about, but constantly preaching health habits, to carry them out in our own lives, how much effort must it require for those who are less interested and less well informed.

The public health nurse's opportunity and responsibility, she held, is to explain and demonstrate to individuals the principles of personal hygiene and to help them apply them in everyday living. "Her second function is that of the prevention of disease through early recognition of symptoms and through persuading men and women to seek medical attention long before they are so ill that they are forced to do so." Her third function in this country is curative—the restoring of the sick to health.

Dr. James W. Robertson, Chairman of the Central Council, Canadian Red Cross Society, in one of the profoundest papers of the Conference, examined the Red Cross, Health and Education. It is his opinion that instead of being regarded as three "separates" purpose and methods should be altered so that "we . . . *think of education* as processes of personal experiences, and sequences of experiences, which promote health, develop character and shape human conduct in accordance with what is believed to be the highest standards of duty, comfort and happiness." In concluding, he showed how the Red Cross educational service for the improvement of health and the prevention of disease was rendered to children; to girls and women, especially mothers; to the medical and nursing profession; and to the people at large.

How To Order Proceedings

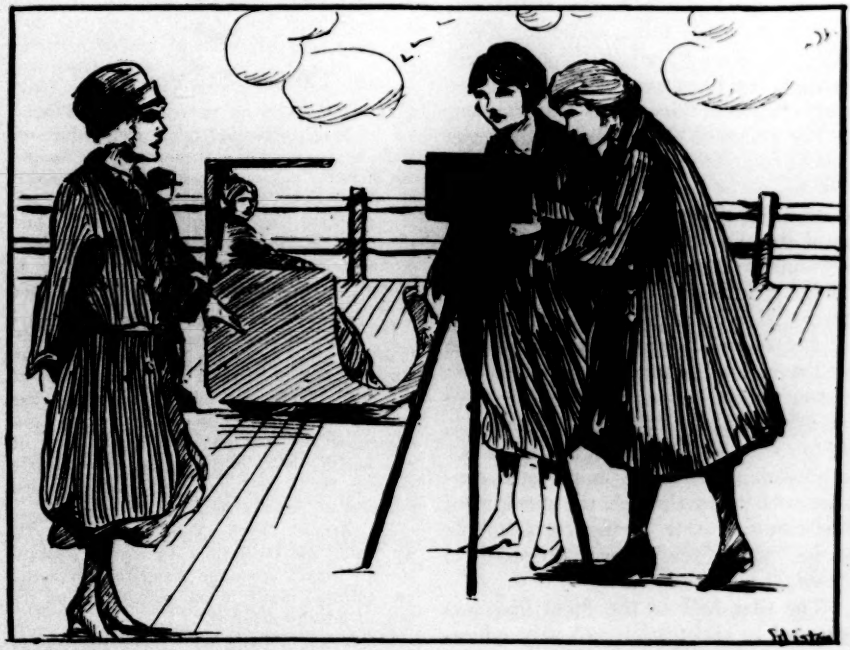
First—The Proceedings of the American Nurses' Association, price 25 cents each. Order from the American Nurses' Association, 370 Seventh Avenue, New York. Those who placed orders at the convention should send money now. A copy of these proceedings should be ordered for every nurses' library in the country.

Second—Reprints of "Hearsay and Facts in Private Duty Nursing," 15 cents each, or ten cents each in orders of 10 or more. Order from A. N. A. Headquarters. A copy should be placed in the hands of every physician, hospital director, and layman or woman who misunderstands the conditions surrounding Private Duty nursing.

Third—Proceedings of the Congress, papers and discussions of the general sessions. This will include also the titles of all papers presented at the Congress, together with notes indicating the journals and magazines where they are published. Price, $1 in advance; later, $1.50. Order from the National Health Council, 370 Seventh Avenue, New York.

Students at the Convention

By Laura D. Linder and Gladys Liston
Bishop Clarkson Memorial Hospital, Omaha, Nebraska



WITH the thought of sending a member of our Class to the Biennial Convention of the American Nurses' Association, the Seniors of the Bishop Clarkson Memorial Hospital School of Nursing operated a Legion Canteen during the American Legion Convention held in Omaha, last October. Our efforts were profitable enough to make this possible and a representative of the class was selected to go to the Atlantic City Convention in May. It was later found that another Senior, and a member of last year's class, would be able to accompany her.

In our School we have a motion picture camera and projector, which we use for instructive and recording purposes. We decided it would be very interesting and of great value to the rest of the student body if we were able to secure pictures of the leading women in our nursing world, pictures which would be more intimate and natural than the usual magazine reproductions. We begged their permission and were very much enthused over their general consent to pose before our camera. And so, with our tripod and camera, on the evening of May 14 we, with twenty other

Nebraska nurses, began our journey. To say we were thrilled would be a mild expression.

Our trip was a pleasant one. We spent several hours in Chicago, and in Washington, D. C., sight-seeing. We arrived at Atlantic City fatigued but happy. To put all of the interesting and thoroughly inspiring things we heard, even in a concise form, would fill a volume. We want to impart to our readers in these few lines some of the altogether new ideas and viewpoints we attained.

The program of the Health Congress was so complete that anything one could ask to see or hear was offered at one's door. The difficulty was not in finding good things to hear but was in scheduling ourselves, so as to hear all the good things possible. We even separated our forces that we might bring back more of the splendid information obtainable at the various lectures.

Our interest and enthusiasm were aroused immediately by rubbing elbows, so to speak, with the great leaders of our profession. We came in personal contact with them through the medium of our camera. One of us "corralled the game" while the other "prepared to shoot."

The first hall of the Steel Pier was devoted to registration and very educational demonstrating booths. Every corporation in any way connected with health was represented. Each booth had some little complimentary offering and when we were ready to begin our homeward journey our bags were veritable traveling apothecary shops, everything there but Clicquot Club and Canada Dry.

We are so proud of our profession and so happy that we were able to be there in that immense crowded convention hall. Even though we were not allowed to vote or to have the privilege of standing to show that we were from Nebraska, we felt very much a part of it.

We feel now that it is necessary to attend these great nursing conventions to have any possible realization of the magnitude of our profession. Therefore, we are now planning to attend the Biennial Convention in Louisville, 1928, and the International Council of Nurses to be held in Peking, China, in 1929.

Tabloid Statements

STATEMENTS on various phases of public health activities, taken from addresses made by representative speakers at the American Health Congress, passed on to the people of Maryland by Dr. John S. Fulton, Director of the State Department of Health. They are worth thinking about, he said, because they represent the convictions of a great group of people, not simply the opinions of one State or section of the country.

Dr. Ellen C. Potter, Pennsylvania State Department of Health: "The biggest bill the taxpayer has to meet is due to the care of the sick; the biggest bill the individual has to meet in unhappiness, ineffectiveness and failure, is due to that individual's lack of real health; both bills can be tremendously reduced by a well organized, well executed program of positive health."

Dr. Arnold Gesell, Yale University: "If we want this civilization to march forward toward higher economic standards, to moral and spiritual ideals, it will march only on the feet of healthy children."

Sir Arthur Newsholme: "The removal of the great environmental enemies of public health must always remain the basis of public health work. Of these enemies, impure drinking water and defective arrangements for the removal of organic filth from subsequent human contact are the greatest dangers to health and life."

Dr. Matthias Nicoll, Jr., Commissioner of Health for the State of New York: "Ten thousand lives are sacrificed needlessly from diphtheria in the United States each year. Ninety per cent of these deaths occur in children under five years of age. Science has now given us means whereby complete protection against this disease may be accomplished by the administration of toxin-antitoxin. The vast majority of the people so immunized will never contract diphtheria, even though exposed to the disease."

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Students in T. B. Clinic

YOU will be pleased to hear, I am sure, that the nurses from the Community Hospital have a month or six weeks in the Clinic. We have one nurse who has charge of the general clinics and the tuberculosis nurse. We try to make the time spent with us worth while. They are so anxious to come and always gain in weight.

California M. W. B.

A Home for Nurses

IN reference to a home for retiring or disabled nurses, which subject was discussed in the May number of the *Journal*, I think this is a splendid idea and I believe it will meet with the approval of nearly every woman in the nursing profession. This subject has been one of interest to me since I graduated as a nurse, six years ago. But why a home for all retiring women? Personally I think a home for nurses only would be better; not because we are selfish, but we as a profession would feel less dependent if a home were built and maintained by the nursing profession only, and I cannot see why a group of intelligent women could not find subjects of interest to discuss other than their profession.

Why not start a Nurses' Retirement Fund to be used to build and support a home for aged and disabled nurses? Let homes be erected in different sections of the country throughout the United States. Let each State Association or local alumnae take care of this, and each member subscribe a certain sum, not less than $5 a year, or as much as she feels able to contribute; that is, I mean nurses who are working and earning a salary. I feel sure that in a short time we would have a sufficient amount to start the home right away.

North Carolina N. E. Y.

A Notable Anniversary

IT has been a matter for regret that the old Pennsylvania Hospital has not figured more frequently of late in these pages. At this time, however, it comes into great prominence. The oldest hospital in the United States, it commemmorated, in May, this year, the 175th anniversary of its foundation. While the Training School of this hospital was not the first to be established in America, it occupies an important place in the early history of systematic training for nurses. In 1875, it opened as the sixth training school in this country, since which time it has trained about 650 nurses. During this period it has numbered many of its graduates in its Alumnae Association which is a member of District No. 1 of the Pennsylvania State Association.

On May 20, following the 175th anniversary celebration of the entire Hospital, the graduate nurses held their annual banquet at which 114 former graduates were present, many of whom were members of the Alumnae Association.

In addition to these various activities, the work of the hospital on behalf of the nurses is of especial interest this year. The comprehensive building program of the hospital, designed to make adequate provision for the increasing needs of the institution, includes the erection of an up-to-date nurses' home, as well as a new out-patient building and lying-in department. The nurses' home is planned for the accommodation of about two hundred nurses, and will include such thoroughly modern facilities for both the instruction of the nurses and their domestic comfort, that they may well be proud, not only of their association with one of the foremost training schools in the country, but also of the enviable home and recreation facilities they will shortly enjoy.

Philadelphia E. M. G. C.

Lost at Atlantic City

AT the closing session of the Health Congress, a valuable oval cameo brooch, design—the Three Graces, set in filagree gold with four pearls. Will the finder please communicate with

MRS. LILLIAN A. R. TRINKAUS, R. N.,
714 Hamilton Street,
Peoria, Illinois.

A Correction

The Sanicap described on page 280 of the April, 1926, *American Journal of Nursing* has not been adopted by the New York City Board of Health, as stated in our article. That Board does not recommend or adopt any proprietary articles.

Journals on Hand

Vinnie G. Allen, 619 Pennsylvania Avenue, Elmira, N. Y., has the following *Journals*

which she will send to anyone paying postage on them: Complete sets of 1916 through 1925.

Laura L. Long, Edgecliffe Apartments, No. 1 Broadway, Tacoma, Wash., will be glad to dispose of the following for the expense of mailing: 1920, June, July; 1921, January and July through November, December; 1922, January through November; 1923, February through July.

Alydia Braskamf, will send for freight or postage the following copies, address Mrs. B. P. Kramer, Box W. R., Green Bay, Wis.: 1906, December; 1907, January; 1909, August and October; 1911, March through December; 1912, entire; 1913, September through December; 1914, January through March, and October through December; 1915, January through October; 1916, October through December; 1917, all except September; 1923, December; 1924, all except April and May; 1925, all except June.

Faye Elwell, Marblehead, Ohio, wishes to dispose of the following: 1904, July through December; 1905, January and March; 1910, September through December; 1911, all except March, May and September; 1912, August, September and December; 1913, complete; 1914, all except March, May and November; 1915, complete; 1916, all except August; 1917, January through July; 1918, August.

Out of the Mail Bag

ANOTHER little contribution! My small boy had an appendectomy three weeks ago, so I tried to do a little drumming up of subscriptions amongst the nurses at the hospital. Four promised, only one has "panned out."

New England M. S. H.

I am secretary to the District Association; we have seven members. Our first official act was to order the *Journal*. It is carefully read and discussed at our monthly meetings.

R. N.

Too many of our inhabitants worry through life with only fairly good health, and while they accomplish their daily duties, these fairly well persons may never know the exuberance and happiness of perfect health. Hence, one goal of the future practitioner of medicine will be the attainment and maintenance of exuberant health, which is the inherent right of every person. A higher average of overflowing good health means a higher average of happiness, comfort, usefulness and economic value of the individual. The superman will never materialize without superhealth.

—Wendell C. Phillips, M.D., "The Physician and the Patient of the Future," *Journal of the American Medical Association*, April 24, 1926.

What an Educated Person Should Know about Health

1. He should have a knowledge of the physiological basis for sound health habits, such as:
   (a) Regular and sufficient hours of sleep.
   (b) Right posture.
   (c) Suitable exercise.
   (d) Proper elimination.
2. He should know the types, amounts and proportions of the various food elements essential to the proper nutrition of the body.
3. He should have an acquaintance with the principles of normal mental action and the conditions underlying the more common variations from normal states of mind.
4. He should have a general understanding of the sex instinct in man, the stages of its development, its normal expression, and the values and penalties attaching to the expression of that instinct.
5. He should have a knowledge of the factors determining infection and resistance and of the principle of artificial immunization in the case of certain of the common infectious diseases.
6. He should have enough knowledge of the causes and prevention of the degenerative diseases to offer a prospect of passing through middle life without a breakdown.
7. He should know and therefore be armed against health hazards lurking in the environment, such as polluted water and milk supply, the congestion in housing conditions, poisonous gases of certain industries, infected soil, etc.
8. He should appreciate the necessity for frequent medical and dental examinations.
9. He should have an intelligent basis for choosing wisely his medical and dental advisors, and for realizing that the modern practice of medicine is grounded on science, and not on mystery, fancy and tradition.
10. He should have a knowledge of the important health problems facing the community, of the methods of attacking those problems, and of the results to be expected from intelligent community action in the public health field.

—From the address delivered by Dr. Livingston Farrand, President of Cornell University, at the American Health Congress, 1926.

Some High Lights of the American Health Congress

The most impressive demonstration of a health consciousness and of coöperative effort in relation to health yet made in this country! Such was the first American Health Congress held in Atlantic City, May 17-22. Five thousand three hundred and eight persons were in attendance. Of these 871 registered with the American Nurses' Association, 452 with the National League Nursing Education, and 994 with National Organization for Public Health Nursing. There were 2,540 "nurse guests," doubtless A. N. A. members who were not delegates. The relatively small number of physicians, sanitarians, and other health workers seems to justify Doctor Vincent's facetious remark that they appeared to form the periphery of the nursing group. Let us hasten to note, however, that with the exception of the nursing organizations, few of the participating groups held business meetings and, therefore, had rather less reason for attending in large numbers.

Under the aegis of the National Health Council the following organizations participated: American Child Health Association, American Heart Association, American Nurses' Association, American Public Health Association, American Social Hygiene Association, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities, National Committee for Mental Hygiene, National Committee for the Prevention of Blindness, National League of Nursing Education, National Organization for Public Health Nursing, National Tuberculosis Association, Woman's Foundation for Health.

The exceptional precision with which the machinery of the Congress moved was due to the far-sighted planning of the Committee on Arrangements and the efficiency of the local Convention Bureau. Atlantic City proved an ideal spot for the Conference, for, thanks to its refreshing breezes, there was far less evidence of weariness than is usual among the nurse delegates who, to the astonishment of beholders, always take their conventions seriously.

Despite the fact that many meetings were held simultaneously (except during the hours of the four great congress sessions!) the spacious auditoriums of the hotels were seriously taxed, as was Music Hall on the Steel Pier for the major sessions. The eager interest and enthusiasm of those in attendance was tribute alike to the program committees and to those who gave so generously of their time to the preparation and presentation of the two hundred and thirty-six papers or addresses. The unanimity of the opinions sought by the *Journal* from three distinguished participants and keen observers is striking and, we believe, will be cordially approved by all who attended.

Says Dr. Rene Sand, Secretary-General of the League of Red Cross Societies (with Headquarters in Paris), "By its character, by its attendance, and by its seriousness, the American Health Congress at Atlantic City represents a notable forward step in the health movement. The coming together of all the groups engaged in health activities means that they will hereafter work on convergent lines, and no more on parallel tracks. Especially significant is the *rapprochement* that has taken place between the public health nurse and the public health workers—that is doctors and sanitarians. A real effort has been made to analyse the connections of the public health nurse and to define her place. In doing so it has been discovered that she occupies the very center of health work. She is the key agent of health."

Lee K. Frankel, Ph.D., Chairman of the National Health Council, believes that the Congress was of distinct benefit to all interested in health work. "For," writes Doctor Frankel, "from conversations which I had with many nurses, I think they appreciated the opportunity of contacts which they made with representatives of other organizations interested in the larger phases of public health. Reciprocally, I am confident that those who came from the other organizations represented in the Congress were more than impressed by the tremendous strength of the public health nursing movement, and that the effect of this, in the long run, will be quite pronounced. The value of a Congress of this kind lies not only in the papers which are presented for consideration, but in the opportunities for individual contacts. These were given in large measure, and I have no doubt that those who attended the Congress very distinctly profited."

Dr. C.-E. A. Winslow, long a staunch friend of nurses, writes with insight of the larger values and of our common tasks as follows in regard to his impressions of the

Atlantic City Health Congress: "To those of us who have not before had the privilege of attending the biennial meeting of the great nursing organizations, it was a rare privilege to take part in this congress. Thoughtful public health workers needed no further evidence of the central role which is played by the public health nurse in the modern public health program and yet the sight of that hall packed with three thousand of the finest representatives of your profession could not fail to bring a fuller realization of what the nurse is doing for the prevention of disease. The addresses delivered by Miss Gardner and Miss Fox were 'high spots' in the proceedings of the congress and I am sure that we all of us came away from Atlantic City with a new inspiration for the common tasks in which we are engaged."

The Congress Sessions

There were four Congress sessions[1] planned coöperatively by the participating organizations and with a galaxy of brilliant speakers representing the country from coast to coast and richly qualified to discuss such subjects as "Values in Public Health," "Whose Business Is the Public Health?" and "International Organization for World Health." A delightfully international quality was given by the presence and speeches of Dr. Rene Sand, of Paris; Dr. Villegas Ruiz, of Venezuela, and Cora Simpson, Secretary of the National Association of Nurses of China. There were also many joint sessions of nursing groups or of nursing and health groups. Doctor Frankel of the Metropolitan Life Insurance Company which has one of the most extensive nursing services in the country, was the first speaker at the opening session of the Congress. It was logical for him to choose "Financing Health" for his subject since this is a basic problem. Unity of purpose and centralization of effort were what Doctor Frankel talked about, believing that if a plan for a compact and all-inclusive organization were developed the people of the country would respond with suitable financial support. His was a powerful plea for a single unified health organization and he suggested the American Red Cross or the National Tuberculosis Association with its excellent set-up as a possible basis for a new organization which would "develop programs for the larger purposes of the eradication of disease and the prolongation of life." Doctor Frankel, in closing, said, "only through the work of a unified association can we ever hope to bring about that other dream, a united Federal Department of Health."

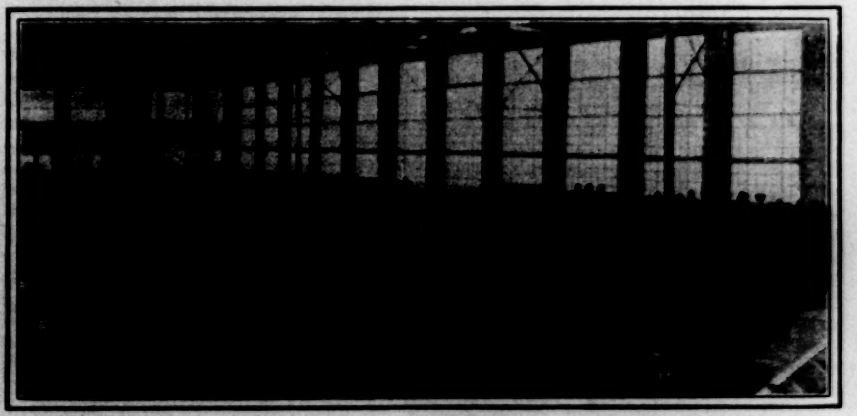
Sir Arthur Newsholme, that Grand Old Man of English health work, speaking on Values in Public Health, stated the three main objects to be the prevention of disease, the enhancement of health, and the cultivation of the complete being of man, in order that physically, mentally, and morally, there may be the highest self-development of a well-balanced nature. Said he, "With increasing knowledge of child psychology, there is ground for hoping

[1]Orders for the Report of the four Congress sessions may be placed with the American Health Congress, 370 7th Avenue, New York City. Price, if ordered before July 15, $1.00. It is hoped that means may be found for publishing other Congress volumes, each devoted to a special subject. If plans materialize the series may include one volume on that extremely interesting all-day program devoted to Community Health Organization.

for advance on a moral plane, that will make advances on a physical plane immeasurably easier."

"Whose Business Is the Public Health?", the topic of the second Congress session, was presented by Dr. Linsley Williams who cited the danger of that which is everybody's business becoming nobody's business. William Jay Schieffelin, of New York, in the course of a forceful presentation of the point of view of a layman, said that "A man who introduces politics into a department of health commits a crime against women and children." He urged that his audience learn to put first things first and stated ringingly that health work is not charity but a technical service for which is needed the ablest persons with the finest possible preparation held in their positions by handsome salaries. Dr. Clarence Selby of Ohio quite frankly stated that medicine is becoming a little reticent about "*giving* of that which it has" and instanced the fact that the world has not seen and does not expect free clinics of bankers or of lawyers to care for those who need financial or legal assistance, but he was full-throated about the altruistic desire of medicine to regain its leadership in public health.

Rounds of applause rolled out to greet Prof. C.-E. A. Winslow, that great sanitarian who has taught many nurses some of the values of community health. Said Doctor Winslow: "The public health is the *nurses'* business." Doctor Winslow believes that "in devotion of spirit, professional efficiency, and social usefulness the profession of nursing



stands unequalled in the world" and that in public health nursing we "must have more and more generalized nursing" and further that "the instructive nurse is robbed of the finest expression of her profession," the personal care of her patients. Doctor Winslow closed his address with a description of the ideal health officer who must be almost a superman with sound training, unflinching courage, sanitary statesmanship and that intangible gift called leadership."

The Progress and Problems of Dentistry, that health factor which is beginning to receive the attention it merits, was presented by the President of the American Dental Association, Dr. Foster of Atlanta.

It may be said that mental hygiene permeated the programs of the entire week but on Thursday night Dr. C. P. Emerson, President of the National Committee for Mental Hygiene in "Wise and Unwise Investments," begged his audience not to invest in "blue sky stock in mental hygiene" and urged the extension of scientific knowledge in this field. Mental hygiene, said Doctor Emerson, is just as important as germs or decayed teeth, for the mental problem of today becomes the physical problem of tomorrow. The first step in the mental hygiene program must be the development of an enlightened social conscience.

Dr. Alice Hamilton, American member of the Health Committee of the League of Nations, was the only woman on the formal Congress programs. Those who read the article, "Alice Hamilton, M.D., Crusader for Health in Industry," in *Harper's* for May will understand the enthusiasm of the audience when this charming gentlewoman arose and the still greater applause that followed her speech on the Health Work of the League. Scientifically minded, she related how she had approached her task with doubt but "little by little saw that the League was not an arm of militarism." She raised the question, *"Why* do we have an international health body?" And answered it by saying that there are many reasons, one being that some countries have no health boards of their own, another that participation in the work of an international organization carries prestige and arouses national pride, and finally that it provides a center at which data can be compiled and from which advice can be secured on matters of such universal interest as infant mortality. Doctor Hamilton believes that the Health Committee of the League of Nations is one of the greatest contributions to "the healing of the wounds of the last war."

Dr. René Sand, making his sixth visit to this country to attend the Pan-American Conference described by Miss Noyes in this issue, was wittily referred to as "Shifting Sand," because his duties as Secretary-General of the League of Red Cross Societies take him to all the corners of the earth. The International Red Cross, made up of Red Cross societies in 58 of the 67 countries of the world, represents an organized demand for health. In his own sparkling fashion, Doctor Sand enumerated the original contributions of the many countries to Red Cross work. Among these are the aeroplane health service of Sweden, the hospital ship for the hamlets on the deeply indented coasts of Norway, Italy's contributions to industrial safety, our own Junior Red Cross activities, and many more. He spoke with pride of that International Course for Nurses in London described in the *Journal* for May.

It was a clever move on the part of the Program Committee to put Dr. George E. Vincent, President of the Rockefeller Foundation, last on the Congress program. Dazzling in his scintillating meteoric rush of words, Doctor Vincent summed up the Congress and the outstanding activities in health the world around in a series of characteristic and inimitable word pictures. Said he, somewhat ironically, "this Congress appears to me to be made up of 90 per cent of nurses surrounded by a periphery of 10 per cent of other people trying to give an impression of being an integral part of the public health program!" In a series of flashing brush strokes, he painted the laboratories, the courses, the health centers that are being built up in many parts of the world, so many and so excellent that, according to Doctor Vincent, if one wants to be entirely satisfied with his own country he should never travel. Pointing out the fact that we cannot have international good-will until we have a common cause such as health, he pointed out the ways in which international work completely transcends national work and closed by saying that it is a great thing to be a health worker, a great thing to be an American health worker, but a greater thing to be a cosmopolitan working under all flags.

The Nursing Programs

The American Nurses' Association Proceedings[1] will very shortly be ready for mailing

[1]Orders for A. N. A. Proceedings should be placed at once at A. N. A. Headquarters, 370 7th Avenue, New York City. Price, 25 cents per copy.

and the National League of Nursing Education expects to publish its Annual Report much earlier than usual. The National Organization for Public Health Nursing program will be featured in the August issue of the *Public Health Nurse* but Miss Gardner's study of the organization with recommendations, which is truly a masterpiece, is to appear in the July number. We are therefore, in addition to the four important papers, giving only a few other high lights of the programs in this issue and refer our readers to the more comprehensive reports which will so soon be available.

The three nursing organizations held two tremendous joint sessions and the National Organization for Public Health Nursing formed combinations also with the American Public Health Association and with the American Child Health Association. At the joint opening session, at which Adda Eldredge, retiring President of the American Nurses' Association, presided, a delightful feature was added by the presence on the stage with the presidents and secretaries of the three national organizations and of the two hostess states (Pennsylvania and New Jersey) a group of distinguished nurses who were introduced to the audience. Among these were Miss Hersbey, Superintendent of Nurses, of the Royal Victoria Hospital, Montreal, who represented the Canadian Nurses' Association, Miss Vogel, an eminent public health nurse of Gothenburg, Sweden, Alice Fitzgerald who as announced last month has now sailed for her new post in Siam, Katherine Olmsted who has since returned to her duties with the League of Red Cross Societies in Paris, France, and Cora Simpson the eloquent Secretary of the Nurses' Association of China whose winged words last year at Helsingfors conveyed China's invitation to the International Council of Nurses for its meeting in 1929. Miss Simpson later appeared before one of the mighty audiences of the Congress and reiterated that glowing appeal for a record attendance of the nurses of the world at Peking.

The addresses of the presidents of the American Nurses' Association and of the National League of Nursing Education will be found in this issue. Miss Fox, singing her swan song as President of the National Organization for Public Health Nursing, spoke eloquently on "How Shall We Use our Opportunities?" and stated her belief that there are at least four essentials to sound growth which we must cultivate most ardently: (1) The capacity for the reception of new ideas, and, closely related to this, (2) the power of adaptation, (3) a sense of reality, and (4) unselfishness or purity of motive.

Miss Noyes spoke briefly and with appreciation of the relation of the American Nurses' Association to the American Red Cross Nursing Service, of the benefits each derives and of the service of Red Cross nurses in time of disaster, such as the tornado which hurtled through Illinois, Missouri and Indiana. Said Miss Noyes "in the words of Saint John, 'hold fast that which thou hast that no man take thy crown.'"

The second joint nursing section focussed on adult education with inspirational and informing addresses, which we hope later to publish, by Joseph K. Hart, Ph.D., and Mary E. Gladwin.

Never have we had better papers or livelier interest at the sessions and conferences and discussion was limited only by time and by the size of the audiences. Never have we heard more general agreement on the choice of subjects nor such unanimity as to the high quality of the papers and discussions.

The Government Nursing Section, Miss Bowman presiding, illumined with joy over the passage of the Army Nurses' Retirement Bill, was replete with interest, for Mrs. Bruggeman, Mary Anderson, and Grace Abbott, brilliant exponents of the place of women in government work, spoke with ease and force of the work of their departments. Miss Abbott, so well known to nurses through the Sheppard-Towner work in 43 states, again paid high tribute to the work of the nurses which has made that program possible. A delightful touch was added by the introduction of Cornelia Hancock of New Jersey, now 86 years old, who served for two years with the Union Army in the Civil War.

The Conference on Registries, led by Nancy E. Cadmus, produced for discussion the following definition of an official registry: "An official directory for nurses is one owned and governed by an organization of registered graduate nurses and which has a graduate registered nurse as registrar, or a directory in charge of a graduate registered nurse, which is approved by the State or District Association of that locality, such directories being operated to serve professional purposes and to act as clearing houses for all nursing interests."

The decision of the League Board, which is forced to give up its Placement Bureau because of lack of funds for what has proven to be an exceedingly expensive service (approximately $50 per placement) and one

limited in usefulness largely to those states geographically close to the Bureau, will undoubtedly have a pronounced effect on some of the larger registries at least.

The synopsis of League activities in our news pages will whet the appetites of our readers for the many papers which the *Journal* will publish and of its members for the complete report.

Those who recall Kentucky's activities at Detroit will understand with what well directed purpose that state again "went after" the next biennial. Colorado and Texas wanted the 1928 convention but—it will be held in Louisville, heart of Kentucky's bluegrass and home *par excellence* of Kentucky hospitality.

Public Health Nursing

The various programs most admirably indicated by their very structure the many correlatives of interest between public health nursing as such and other branches of nursing and between it and practically every phase of the health movement.

There were, for example, at the Tuberculosis Nursing Section discussions of matters vital to sanatoria, hospitals and to schools of nursing as well as to tuberculosis workers. A large and animated audience attended the extremely interesting and important session which was most ably conducted by Harriet Fulmer, of Chicago. Mary Carter Nelson[1] of the New Jersey Tuberculosis League outlined the course of eight lectures given by the Field Advisory Nurse in 44 of the 46 registered schools in the state. These were given without cost to the schools. One school did not accept the offer because it already offered both theory and practice. Miss Nelson closed by saying that "The ideal toward which we should strive is the affiliation of the general hospital with the tuberculosis sanitarium so that the student may have experience in the practical care as well as in the theory of tuberculosis nursing." This seems still impracticable in New Jersey because of the difficulty of securing enough students for existing affiliations and because of the objection of parents of students to courses in tuberculosis.

Katharine Densford, of Chicago, in a paper we hope later to publish, speaking approvingly of West Virginia's action in requiring an affiliation in the theory and practice of tuberculosis nursing of all registered schools, discussed what many believe to be the ideal of a somewhat distant future but one that she helped make a reality at the University of Cincinnati; viz., affiliations for all students within the school that proved of such worth that students from other schools requested similar opportunity thus demonstrating that the fear of tuberculosis can be overcome.

Agnes Randolph, of Virginia, reporting for the Committee on Affiliations, revealed a shocking lack of progress since the study presented by Grace Holmes of Oregon at the Seattle Convention four years ago. It seems incredible that so far as most schools of nursing are concerned, tuberculosis might be one of the rare diseases instead of "Captain of the Hosts of Death." It is high time nurses were educated in the care of tuberculosis, for the sake of society and for their own well-being. Miss Randolph would like to see the subject of training in tuberculosis on the program of every state league and every state association this year. She further believes that we should despise not small beginnings and make a concerted effort to follow New Jersey's example, through the aid of the State Branches of the National Tuberculosis Association.

A critical observer stated that the values of this session were "inspirational but not practical." We believe that boards of nurse examiners and the schools of nursing will prove that they can put to practical use the inspirational values of such a meeting.

Journal readers should be familiar with the trend of thought in public health nursing education. Katharine Tucker presided over the important session devoted to the subject and stated that with the very evident need, some satisfactory method of preparing workers must be devised.

Harriet Frost in a splendidly lucid paper which we hope later to publish raised the question, Shall the Essentials of Public Health Nursing Be Included in the Basic Training of Every Nurse? and answered it in the affirmative by saying that such training gives perspective, a real understanding of the most fundamental things of life, an opportunity for applying knowledge, as of hygiene, an opportunity for the development of personality, and a basis for further training. It affords experience in types of illness not commonly seen in hospitals and places the emphasis on health instead of on sickness. One advantage of such a course should be a degree of familiarity with the problems of the home valuable in all types of nursing. Granting that this opportunity is not available for all students, listeners

[1] This paper will appear in *The Journal of the Outdoor Life* for July.

were reminded that hospital social service departments are not yet generally utilized for teaching and that neither have all the possible affiliations with public health nursing organizations yet been made.

Professor Lillian Hudson, of Teachers College, stressed the need of better basic training in (1) Personal Hygiene, (2) Nutrition, (3) Sanitation, (4) Psychology, (5) Mental Hygiene, (6) Communicable Diseases and gave the following criteria for rating a postgraduate course: 1. It should be connected with an educational institution of collegiate grade. 2. The course leading to a certificate must represent at least one academic year. 3. The nurse director must be qualified academically and professionally.

Child Health

One of the most significant notes of the Congress was the challenge which Mr. Hoover, as spokesman and president of the American Child Health Association, threw out to the group of experts gathered from all parts of the country, to produce the normal child. He declared the hour has struck for us to make it possible to answer in accurate terms the eager question of many parents, "Is my child normal?"

"We surely have enough knowledge, if brought together, compared and sorted, to give us some standard of the normal child, or at least lead the way to him. The crux of the problem is, as quickly as possible to bring what knowledge we have into the open and to make it familiar to the average, busy, but deeply concerned parent."

Throughout most of the sessions ran this hopeful note of seeking after standards of healthy living, healthy environment, healthy development.

Dr. Arnold Gesell, speaking of the growth of the normal pre-school child, put the question, "Is not the concept of *complete growth* becoming the guiding ideal in all child hygiene?"[1] He declared that the new interest in the pre-school child is a social movement comparable to the democratization of elementary education and that having made unsurpassed large-scale achievement in public education, we in America must now try to equalize the earlier developmental opportunities of childhood. "This can only be done by replacing the historic concept of education with the modern biological concepts of growth and development—initiating a policy of developmental supervision with the birth of the infant and projecting that supervision medically and educationally throughout the entire period of pre-school childhood." Such prophecy of a democracy of protection for all children opens up large vistas of hope.

As steps leading onward to the fulfillment of the normal child, discussions measured the progress which is being made in immunizing children against some of the old enemies of contagious diseases. A resolution was passed by the health workers of the Congress agreeing to urge the fathers and mothers of the country to protect their children through the administration of toxin-antitoxin to the end that diphtheria may be eliminated from the United States.

Elimination of diphtheria by 1930 is the goal New York State has set for itself. Diphtheria being the second greatest enemy of childhood, a close competitor of tuberculosis in the mortality rate, its elimination looms as an alluring victory.

One of the weakest points in the whole structure of protection of human life—maternal and neo-natal casualties—was attacked and the remedy, according to Dr. J. M. H. Rowland of the University of Maryland, was declared to be "not through the further education of the physicians and the efforts of social service nurses, valuable as this instruction may be, but must come through the efforts to bring the facts directly to the laity—to women's clubs, to church societies, to political groups of women—and indeed, not to laywomen alone, but to laymen the gospel must be preached that the child-bearing woman is the most important member of the community—that the greatest tragedy that can possibly occur is the death of the actual or potential mother of a family, who was, perhaps only a few days, or possibly only a few hours before, apparently in good health—and that this need not occur."

Light as a new ally of growing children, a preventive for rickets which is one of the most insidious and widespread enemies to normal growth, and discussions of the power that lies in sunlight was one of the most significant scientific points thrown upon the screen.

It was evident through the programs of the Congress that the mind of the child has swung into the orbit of study and interest equal almost with his body with a growing recognition that mental health is closely allied with physical health and inter-dependent.

[1] Doctor Gesell's paper may be found in the *Public Health Nurse* for July.

The Mental Hygiene Program

The National Committee for Mental Hygiene held sixteen round tables at which discussion was brisk. The average attendance was about 300 each, three-fourths of each audience being nurses. This organization is well pleased with the coöperative effort and with the attitude and interest displayed, for, said Dr. George Pratt of the Committee, the nurses displayed active and intelligent interest by asking thoroughly practical questions from the floor. Among the topics for discussion were The Problem Child, The Backward Child, The Problems of the Adolescent and Mental Deficiency. Speaking of the Adolescent Girl, Jessie Taft, Ph.D., said that the trouble with most adolescent girls is lack of understanding parents. "With our own fear of life and sex, with our own emotional needs which depend on children for their gratification, with our love of power and our habit of dominating the young, we make of adolescence with its natural physical and emotional upheaval, a wild explosive rebellion or a frantic effort to escape."

Nor was it only in Round Tables that Mental Hygiene was discussed. As has been noted, it was Dr. C. P. Emerson's topic at a Congress session, it was a part of the positive health program, and best of all, from a nursing standpoint, the program of the American Nurses' Association's Mental Hygiene Session was one that most delightfully demonstrated the mental health of the speakers. The lively discussion by Dr. Frankwood Williams, Katharine Tucker and Elizabeth Miller of the place of the nurse in the mental hygiene movement was one of the high spots of the Congress. We remind our readers that the session will be fully reported in the American Nurses' Association Proceedings.

Positive Health

Although the ideal of positive health was the real goal of many a speaker, the Women's Foundation for Health devoted its entire program to the subject and was rewarded by an overflow audience.

"Individual charm is dependent on vitality," said Dr. Martha Tracy in opening the session, and "positive health is a worthy aim since it increases pleasure, diminshes pain, and is needed for hard work." To achieve glowing health the individual must start with a physical appraisal, a physical examination, and then follow through with treatment if necessary and with subsequent annual check-ups. Dr. Ellen Potter stressed the relationship of positive health to the community in economic terms and urged women to secure it for themselves in order that they might become not only independent but active as citizens in furthering the movement. The increasingly large group of dependent old people hangs like a millstone around the neck of society and offers a problem that will not be settled until private philanthropy demonstrates a suitable solution. The large percentage of those chronically ill of preventable disease represents an enormous and unnecessary drain on state funds. The part played by posture was well illustrated by pictures. Dr. Frederick Allen discussed the present attempt of psychiatry to prevent mental disease which unnecessarily causes a tremendous human wastage as well as financial outlay.

The ultimate goal of the health examination will require the coöperative efforts of educators and physical directors as well as of the medical group, according to Dr. Lenna Meanes, Medical Director of the Woman's Foundation. Miss Goodrich's paper on "The Part of the Nurse" will appear in the August *Journal*.

The size and interest of the audience augur well for the future of this movement which is of importance to every living individual, man, woman, or child.

The Social Side

State and city and alumnae breakfasts, luncheons, and dinners galore, together with shore dinners, "dates" to swim or to ride in the leisurely rolling-chairs made the Congress a most festive occasion. Early in the week St. Barnabas Guild for Nurses entertained at tea in Haddon Hall with Bishop Knight of New Jersey, members of the National Board, Nellie Oxley, Executive Secretary, the presidents of the three nursing organizations and others, receiving. A special meeting of the International Catholic Guild was held at Stella Maris.

Overtopping all others in attendance, and undoubtedly in gayety, was the Southern dinner at the Breakers. State after state vied with Florida (led by Mrs. Brown) in tuneful effort. State after state presented to Miss Eldredge, retiring president, who, supported by Miss Noyes, was the guest of honor, some gift characteristic of the state such as a Stone Mountain Memorial Medal from Georgia, and a hand-woven scarf from the mountains of Tennessee. The Oklahoma (Land of the Red Man) delegation, following a custom of the

five civilized tribes in adopting a pale-face who found favor with them, adopted Miss Eldredge, named her Chickasha, Queen of the Washita, and placed a very effective beaded band, the work of Indians, about her brow.

Nebulous plans for a Southern Division of the American Nurses' Association which had begun to take shape in many minds were appreciably forwarded. We hope it may not be long before the organization of such a Division may actually be under way.

Officers and members of the New Jersey and Pennsylvania State Associations, the hostess states, were everywhere active and cordial and contributed much to the charm of the meetings. It is with especial pleasure that one beheld the active participation of Mrs. d'Arcy Stephen, that young old lady of New Jersey.

The Exhibits

The exhibits, both educational and commercial, even to members of the Exhibits Committee who were thoroughly familiar with the plans, proved of unexpected interest and value. There were many ways of viewing them, as purchaser, as student of health propaganda and publicity methods, or as student and seeker of knowledge, and the results seem to have been mutually satisfactory to exhibitors and to nurses.

Popular though the food and beverage booths with their generous samples were, equally large groups would gather to watch the interesting demonstration of the manufacture of B-D clinical thermometers. Such a demonstration does infinitely more than satisfy curiosity, it arouses respect for a painstakingly manufactured instrument of precision that no amount of lectures can instill. Would that all student nurses might have seen it. There would be less impatience with the occasional "hard shaker" and a decreased mortality among thermometers!

We wonder, too, how many nurses seized the opportunity one booth offered for the measurement of blood pressure, or another for anatomic measurement of the foot.

Busy booths were those of the participating organizations with their stores of informative literature. Happy were those faithful ones in attendance at the nursing booths over the interest manifested in the work of the organizations. The *Journal* is deeply appreciative of the many words of commendation from its friends who needed not to tarry because they had long been subscribers.

An especially interesting feature was the showing of health films every afternoon at five o'clock. We predict that such films will soon find their way to many hitherto uninterested places. The Steel Pier is a particularly fortunate location for exhibits but, even though they had been less accessible, such excellent exhibits would have attracted much attention.

Vaccination

ASSUMING that we have a good supply of vaccine, and vaccine obtained from the Health Bureau or from the large manufacturers, is safe vaccine, how is it to be used? The inoculation is always to be made on the upper part of the arm, just at the insertion of the deltoid muscle. It is never to be made on the top of the muscle, because of the muscular contractions set up by the sore. When the vaccination is made, the scarified place on the arm should not exceed in size the end of a match. The inoculaiton should preferably be made with a small chisel, known as the Force chisel. With the chisel the vaccine is ground into the skin. The scarification should just become red with blood coming through the skin. The scarified place should be allowed to dry in the air. Never put anything on the spot. If you want to have a sore arm, bind it up. If you want to make it really sore, and have it swell, and have the sore last a long time, put a vaccination shield on it. If, when the pustule forms, you desire to protect your clothing, sew a piece of clean cloth to the inside of your sleeve. Do not under any circumstances fasten anything around your arm, unless you want to make it sore.

—Rochester, N. Y., Health Bureau Report.

A Suggestion

A NEW way to make applicators. Dip the applicator in collodion before wrapping the cotton around it. When dry it is almost impossible to pull cotton off, thus making it safe for deep sinuses.

MARGUERITE PRINDIVILLE, in *The Alumnae Journal* of the Army School of Nursing, 1926.

On pages 566 and 567 are pictures of the audience at the opening A. N. A. Session at Atlantic City. The upper picture shows the platform with officers and those having reports to read. The divided picture at the bottom shows the great audience filling Music Hall of the Steel Pier.

Our Contributors

The *Journal* has gladly devoted a major portion of its post-convention number to "Hearsay and Fact in Private Duty." Fortunate indeed are private duty nurses that **Janet Geister**, having had actual private duty experience and also experience in making surveys, is still vitally interested in that field. Fortunate, too, are they that the study so admirably begun by the New York State Association is to be continued, in coöperation with the Association, by the Committee on Grading Schools of Nursing under the direction of Dr. May Ayres Burgess who prepared the charts. Nothing could emphasize more forcibly the importance of such a study than the fact that the Grading Committee believes it essential to a thorough understanding of the problem of determining what is required of our schools before an attempt can be made to grade them. We suggest that reprints be widely distributed among those medical and lay groups whose members have failed to understand the economic and other problems discussed.

Abby-H. Denison, R.N., writes out of excellent experience and as an Instructor at the Massachusetts Eye and Ear Infirmary.

Adda Eldredge, R.N., needs no comment here.

Jessie M. Murdoch, R.N., Director of the School of Nursing, Jersey City Hospital, is one of those friends who have really listened to the pleading of the Editor, "Tell us how you actually nurse patients!"

We hope **Bertha M. Wood's** hot weather dishes will prove tempting to patients. Merely reading the copy made our mouth water!

Carrie M. Hall, R.N., Superintendent of Nurses, Peter Bent Brigham Hospital, Boston, and President of the National League of Nursing Education, has given courage to many by her able Presidential address.

Mary Marvin, R.N., B.S., author of "Supervision," a graduate of the University of Minnesota School, is an eminent teacher. She has recently resigned her position as Assistant Professor of Biology and Nursing at Simmons College, Boston, to become a member of the faculty at Teachers College, Columbia University, and Director of Supervision at Bellevue Hospital. There is no doubting Miss Marvin's interest in that fundamental reason for the teaching of nursing, the patient actual or potential.

The Pan-American Red Cross Conference, so ably described by **Miss Noyes** was, as President Coolidge said in greeting the delegates, "no ordinary occasion." No less than eighteen American countries were represented and there were a considerable number of guests from overseas. Through such conferences the Greatest Mother in the World extends her influence and promotes international understanding.

A Nurse Practice Act

THE Nurses' Registration Act of New South Wales went into force on January 1, all nurses in the state being now required to register during 1926. The Australian Trained Nurses' Association has been working toward this end, and now that the Government has assumed the responsibility for registration, the Association will continue to function as an advisory body, to publish the *Journal* and to promote the welfare of the nursing profession along other lines.

The regulations which make up the Registration Act include requirements for official recognition of training schools for general, mental or infants' nurses and midwives. Standard curricula for the training of all types of nurses are outlined. Examinations for registration will be held twice a year to take place simultaneously in appointed centers before an examination committee appointed by the Board.

Some Uses for the Official Birth Record

To prove his identity, his age and his citizenship

To prove his right to go to school.

To prove his right to work.

To prove his right to an inheritance.

To prove his right to marry.

To prove his right to hold office.

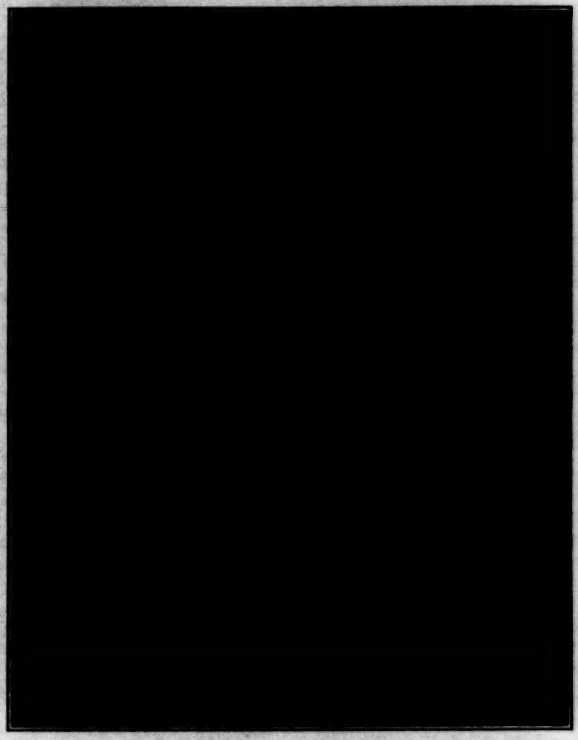
To prove his right to secure passports for foreign travel.

To prove his mother's right to a widow's pension.

—*Bulletin*, Maryland Department of Health.

NEWS

[Hereafter the *Journal* will not carry items relating to social events and after September 1, it will discontinue the publication of marriage notices. District and alumnae associations are asked to send reports of their most important activities once in three months, instead of each month. Important notices will always be given space, full reports of state meetings are desired, and concise death notices will be carried. It is believed that *Journal* readers would rather have news cut down than to have articles curtailed.—Ed.]



S. Lillian Clayton
President American Nurses' Association

The American Nurses' Association

Nurses from more than a dozen different states, many of them in the south and far west, stopped at Headquarters last month and the last week in May on their way home from the Biennial Convention. The representatives of the nursing organizations were very much interested in getting the viewpoints of nurses from diverse parts of the country.

Among the states represented were Oklahoma, Michigan, Nebraska, Missouri, Tennessee, California, Colorado, Oregon, and New York. The visitors said visualizing the activities of the Headquarters office would be an easy matter in the future.

Orders for the Proceedings of the Biennial Convention and of the Accredited List of Schools for 1926 will be received at the Headquarters of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y.

All those members of the American Nurses' Association who placed their orders for copies of the Proceedings of the 1926 Biennial Convention at Atlantic City are urged to send the

price of same, which is 25 cents, in the form of a money order made payable to the Headquarters, American Nurses' Association and mail it to 370 Seventh Avenue, New York City, N. Y.

Reprints of Janet M. Geister's paper, Hearsay and Fact in Private Duty are available at 15 cents per single copy and 10 cents per copy in lots of 10 copies or more. Nurses wishing this paper are urged to send in their orders promptly. Money orders rather than stamps are requested.

This reprint should be widely distributed among medical men and the laity, as well as among nurses.

Rose Simmonds, a fellow of the International Health Board, England, was a visitor at Headquarters last month. She was sent to the United States as a guest of the Rockefeller Foundation to study dietetics in American Hospitals, and has pursued her studies at Columbia University, the Mayo Clinic at Rochester, Minn., Iowa State University at Iowa City, at Battle Creek, Mich., Montreal, New York and other places. Miss Simmonds expects to establish a department in dietetics at London Hospital on her return.

Edith Bryan, assistant professor of public health nursing at the University of California, a visitor at Headquarters last month, was on her way home to conduct a course in the summer session of the University of California. She has been studying for a Ph.D. degree in psychology at Johns Hopkins University during her sabbatical year, and will return to Baltimore in the fall to complete her postgraduate work.

Nurses' Relief Fund

This fund exists to help members of the American Nurses' Association who are ill and cannot pay all of their own expenses. The amount paid is based on the need of the applicant and rarely exceeds $20 a month.

REPORT FOR MAY, 1926

Balance on hand, April 30, 1926		$21,624.69
Interest on bonds		692.83
Interest on bank balances		28.23
Income from Jane A. Delano Fund		21.25
Arizona: State Nurses' Association		18.00
Colorado: Minnequa Nurses' Alum., Pueblo		10.00
District of Columbia: Providence Hosp. Alum. Assn., 9 members		11.00
Indiana: District 3		6.00
Louisiana: Louisiana State Nurses' Assn., $25; Onachita Parish Nurses' Assn., $20; St. Francis Sanitarium Nurses' Assn., $10		55.00
Maryland: Individual member		1.00
Massachusetts: Middlesex Branch, $20; Norfolk and Suffolk Counties Branch, $15		35.00
Michigan: Grand Rapids Dist., $100; St. Joseph Dist., $7; Saginaw Dist., $10; Kalamazoo Dist., $5		122.00
Minnesota: Dist. 2, individual member, $2; Dist. 3, Rest Hosp. Alum. Assn., $6; N. W. Hosp. Alum. Assn., $66; Fairview Hosp. Alum. Assn., $76; Asbury Hosp. Alum. Assn., $3; St. Raphael Hosp. Alum. Assn., $10; individual members, $6; Dist. 4, St. John's Hosp. Alum. Assn., St. Paul, $34		203.00
New Hampshire: Hillsborough County Hosp. Alum Assn		10.00
New Jersey: Dist. 1, Homeopathic Hosp. Alum. Assn., $25; Newark City Hosp. Alum. Assn., $472; Presbyterian Hosp. Alum. Assn., $25; Orange Memorial Hosp. Alum. Assn., $1; individual members, $2; Dist. 2, St. Mary's Hosp., $10; individual members, $15		550.00
New York: Dist. 3, St. Joseph's Hosp. Nurses' Alum., Elmira, $15; Dist. 4, General Hosp. of Syracuse Nurses' Alum., $32; Dist. 13, St. Mark's Hosp. Nurses' Alum., for 1925, $25; for 1926, $25		97.00
North Carolina: Dist. 10, Wilmington		25.00
Tennessee: Dist. 2 and 3		330.00
Utah: St. Mark's Hosp. Alum. Assn., $10; Transient Trained Nurses' Club, Salt Lake City, $15		25.00
Virginia: Association of Registered Nurses		25.00
Total receipts		$23,890.00

Disbursements

Paid to 105 applicants	$1,577.00	
Printing	12.50	
Exchange on checks	1.29	
Interest deducted from bank balance	1.30	

MRS. ANNE L. HANSEN
President National Organization for Public Health Nursing

Chairman expense — telegrams	1.69	
Total disbursements		1,593.78
Balance on hand, May 29, 1926		$22,296.22
Invested Funds		101,554.64
		$123,850.86

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.

Lost Articles

FOUND: The following articles were found and turned into the Information Desk of the American Nurses' Association during the biennial convention and are unclaimed.

The Headquarters of the American Nurses' Association, 370 Seventh Avenue, New York, would be very glad to forward these articles to the owners upon identifying them: Small gold brooch, Shriners' pin, gold pencil, silk handkerchief, brass key, training-school badge.

The Isabel Hampton Robb Memorial Fund

REPORT TO MAY 10, 1926

As previously acknowledged	$30,634.44
Receipts	
Connecticut: St. Francis Nurses' Alumnae Assn., Hartford	25.00

Maryland: Johns Hopkins Hospital Nurses' Alumnae	25.00
Massachusetts: Middlesex County Branch State Nurses' Assn., $20; St. Elizabeth's Hospital Nurses' Alumnae Assn., Boston, $5	25.00
Michigan: State Nurses' Assn	25.00
	$30,734.44

MARY M. RIDDLE,
Treasurer.

The McIsaac Loan Fund

REPORT TO JUNE 10, 1926

Balance, May 10, 1926	$135.90
Receipts	
Connecticut: St. Francis Hospital Nurses' Alumnae, Hartford	25.00
Massachusetts: Middlesex County Branch of State Nurses' Assn., $20; St. Elizabeth Hosp. Nurses' Alumnae Assn., Boston, $5	25.00
Michigan: State Nurses' Assn	25.00
Balance	$210.90

MARY M. RIDDLE,
Treasurer.

The National League of Nursing Education

THE THIRTY-SECOND ANNUAL CONVENTION

The Thirty-second Annual Convention of the National League of Nursing Education will probably be recorded as one of its unique and outstanding meetings. When the three national nursing organizations voted in Detroit to hold their next biennial in conjunction with the National Health Council, questions formulated and unformulated doubtless arose in the minds of many. Considering the proportions to which our biennials have grown, combining with thirteen other organizations, making a total of sixteen all told, must have brought forth a variety of reaction,—something of exhilaration in the individual who finds stimulation in attending many different kinds of meetings, and something of perturbation in the type whose inclinations and needs tend toward a specialized program. Certainly in the way of program, a variety and abundance was offered which must have made for the satisfaction of all.

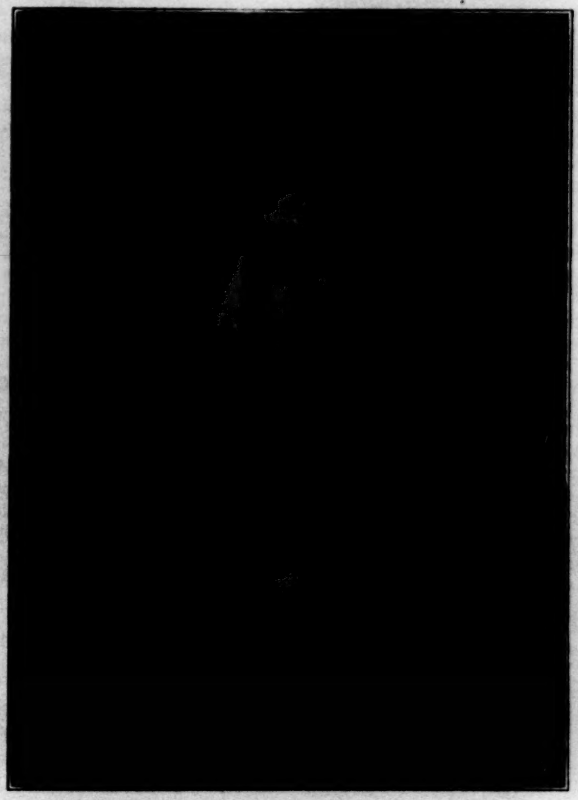
Dealing with the League program specifically, it would not be possible to signal out any one general session or conference. If attendance is any indication of the interest of the audience or the importance of the subjects presented, then each session of the League had its own special significance. At the Instructors' Section session, a series of excellent papers, with an introduction unusual in its careful analysis, by Mary Marvin, were read on Supervision and Teaching of Clinical Nursing. These papers are evidence that thought and attention are focussing with renewed vigor upon the end-objective of all our endeavors—nursing.

On Friday, in the session conducted by the Education Committee, the question of the Curriculum and its adaptation under varying conditions, was discussed, and to this session Dr. W. W. Charters, of the University of Chicago, made a valuable contribution in his presentation on Principles of Curriculum Construction and Adjustment. In an address on Recent Developments in Professional Education, Edwin A. Lee, director, Division Vocational Education, University of California, directed attention to phases in the evolution of professions, many of which apply directly to nursing. To what extent centralizing instruction in nursing has progressed, was brought out in a comprehensive treatment by Mabel F. Huntley.

At the conferences, an interest and enthusiasm was manifested no less than at the general sessions. Each one of these conferences was concerned with the strengthening of some part of our program of preparation, and it is worth while to note the diversity of subjects discussed. They dealt not only with preparation through content and method, but with factors concerned with that larger professional preparation, physical betterment, (Conference on Health as a Part of a Nursing School Program) and the development of relations between students and faculty (Conference on Forms of Government in Schools of Nursing). Other conferences included were those on Midwifery, The Student Nurse in the Out-Patient Department, both outcomes of studies of committees of this organization, and another on Evaluation of Various Types of Examination Questions. At the conferences a number of papers of practical value were read.

Two joint sessions of the three national nursing associations were held, the first of which was the usual opening meeting. At this session impressive addresses were delivered

by each of the three Presidents and the National Director of The American Red Cross Nursing Service. The second joint session included thought provoking addresses by Dr. Joseph K. Hart and Mary E. Gladwin.



CARRIE M. HALL

Re-elected President National League of Nursing Education

Dr. Hart on The Newer Developments in Adult Education, and Miss Gladwin on What This Movement Might Mean to the Nurse. Dr. William Darrach, chairman of the Committee on Grading of Nursing Schools, also spoke at this meeting, outlining developments in the committee's work so far.

The pulse of an organization, both with respect to its past accomplishments and its program for the future, is of necessity felt in the proceedings of its business sessions. That a considerable work of high order had been achieved during the year, was apparent in the report of the various committees. The Education Committee is reaching the end of the revision of the Curriculum, and the report of the Committee on Revision indicated encouraging and satisfactory progress in reorganization in the State Leagues. The amendments to the by-laws were freely discussed and so voted upon that a machinery less complicated and more easily handled seems now to be set. At the open session conducted by the Advisory Council, out of a total of twenty-eight State Leagues, reports were presented by twenty-seven, an almost unprecedented occurrence in League history, and in practically all of these reports there was evident activity and real accomplishment.

While at this moment reorganization is still incomplete, it seems safe to predict increased enthusiasm and strength for the entire League group under the new form of organization.

The four general sessions shared by all the organizations participating in the American Health Congress are fully described elsewhere in this issue, so that no notation is made in this report except to express our appreciation for four programs of exceptional versatility and merit.

As for the arrangements for the convention, our thanks are especially due the nurses from New Jersey and Pennsylvania and the General Arrangements Committee at Headquarters.

This report is largely a description of the session proceedings. But a convention is more than meetings and program, it is a time for renewing old friendships and associations, for free exchange of ideas and methods, and more than all, it is a time for reviving enthusiasm, spirit and determination.

If echoes are to be relied upon, such an event was the Atlantic City Convention. The total registration of the American Health Congress was 5,308, of which 452 registered as League members.

The officers elected for the year 1926-1927 are: President, Carrie M. Hall, Boston, Mass.; vice presidents, Elsie M. Lawler, Baltimore, Md., and Marion L. Vannier, Minneapolis, Minn.; secretary, Ada Belle McCleery, Evanston, Ill.; treasurer, Marion Rottman, New York; directors for 1926-1928, Sally Johnson, Boston, Mass.; Mary M. Roberts, New York, N. Y.; Mary C. Wheeler, Detroit, Mich., and Claribel A. Wheeler, St. Louis, Mo.

ADA BELLE MCCLEERY,
Secretary.

Army Nurse Corps

During the month of May, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Fitzsimons General Hospital, Denver, Colorado, 2nd Lieut. Alma Halferty; to Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieut. Maude M. McKinney; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Sylvia M. Williams; to station hospital, Fort Sheridan, Ill., 2nd Lieut. Margaret Houston; to the Philippine Department, 1st Lieut. Edna M. Beyrer, 2nd Lieut. Ruth J. Riggs.

Orders, directing the following named to the Philippine Department for duty, have been revoked: 1st Lieut. Elida Raffensperger, 2nd Lieut. Dorothy L. Catlin.

Seven have been admitted to the corps as 2nd Lieuts.

Anne Coghlan, previously reported separated from the service has been reassigned as 2nd Lieut. with station at Fitzsimons General Hospital.

The following named are under orders for separation from the service: Beatrice L. Colburn, Anna V. Hannigan, Mary L. Brady, Gertrude Marshe, Irene Baber, Faye Baber, Agnes M. Jacques, Coralie West, Amelia Schonauer, Lucile Anderson, Beatrice M. Felts, Elizabeth Neat and Angela Clutter.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

REPORT FOR MAY

Appointment: One.

Transfers: To Annapolis, Md., Anna McAloon; to Guam, Madge Solomon; to League Island, Pa., Julia Lennon; to New York, N. Y., Bertha A. Adams; to Pensacola, Florida, Mary Hennemeier, Ellen Eva Wells; to San Diego, Calif., Maude S. Griffiths; to Washington, D. C., Ethel M. DeGarmo and Francis D. Johnson.

Honorable Discharge: Ruth E. Dawson, Mary C. McNelis, Susan E. Roller, Chief Nurse, and Bessie M. Gaynor.

Resignations: Adelaide Tighe, Leona C. Schreiber and Alma D. O'Brien.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Nursing Service

REPORT FOR MAY

Transfers: To Norfolk, Va., Edith Dyson; to Baltimore, Md., Daisy Anderson; to Buffalo, N. Y., Helen Spruill; to Memphis, Tenn., Margaret Rowan; to Fort Stanton, N. M., Cora Connor; to New Orleans, La., Josie Hanson; to Savannah, Ga., Daisy Herbert, Bernice Rogers; to Mobile, Ala., Lucille Watkins; to Stapleton, N. Y., Myrtle Brown; to Portland, Maine, Mary Sheridan.

Reinstatements: Mary Nicholls and Anna F. Harrington.

New Assignments: Six.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau, Nursing Service

REPORT FOR MAY

Assignments: Sixty-nine.

Transfers: To Atlanta, Ga., Coralie Goree; to Lake City, Fla., Jane C. Foster; to Muskogee, Okla., Clara Brunelle, Ellen S. Penna; to Oteen, N. C., Jeanette Waggoner; to Tacoma, Wash., Mary A. Prince; to Knoxville, Iowa, Mary Devine; to Outwood, Ky., Ada S. Hoffman; to Sunmount, N. Y., Delia Connolly, Sara Moran; to Tucson, Ariz., Gertrude Patterson; to Whipple, Ariz., Myrtle Stokes; to North Chicago, Ill., Lucille Granay and Estelle Granay.

Approximately sixty-five nurses from the U. S. Veterans' Bureau Nursing Service were in attendance at the First American Health Congress in Atlantic City. During the month the Superintendent of Nurses visited the following stations for the purpose of supervising the work of the nurses: U. S. V. H. 49, Philadelphia, Pa., R. O. Philadelphia, Pa.

MARY A. HICKEY,
Superintendent of Nurses.

A New British Hospital

The Obstetrical Hospital and Nurses' Home were opened on May 28, the gift of the Rockefeller Foundation, as an extension to the University College Hospital in London. An endowment fund of $180,000 was raised by voluntary contributions.

Summer Schools and Institutes

ANNOUNCEMENTS AND REPORTS

Illinois: The fourth annual institute for nurses, under the auspices of the Illinois League of Nursing Education, will be held in Chicago, August 16-27, inclusive. A very complete and comprehensive program has been planned, so that the four large groups,—the Private Duty Nurse, the Administrator, the Instructor and the Public Health Nurse, will each find an abundance of material which will be of great educational value.

Dr. Villegas Ruiz, President of the University of Caracas, Venezuela, and Dr. Renè Sand, Secretary General of the League of Red Cross Societies.

Course A consists of a series of lectures on the following subjects: Psychology, Principles of Teaching and Learning, Communicable Diseases including, Tuberculosis, Psychiatric Nursing, Mental Hygiene and Nursing Principles and Methods.

Course B consists of special lectures and demonstrations which will be held at the various hospitals of the city. The clinical material of these great hospitals is available to all nurses attending the institute.

For further information and a complete program, address May Kennedy, Director, Institute for Nurses, 6400 Irving Park Boulevard, Chicago, Ill.

Michigan: A short theoretical course in Public Health Nursing will be offered in the summer session of the University of Michigan. Other courses of special interest to teachers of health education will be offered during the Summer Session, so that a broad program of study is prepared for women interested in social work and public health.

For further information and application blanks apply to Mrs. Barbara H. Bartlett, 329 Natural Science Building, University of Michigan, Ann Arbor, Mich.

Minnesota: The Board of Examiners of Nurses is planning an Institute to be held in Rochester, September 2-4. This Institute is specially designed to help the workers in small hospitals, but will also be interesting and profitable to nurses from large hospitals and to nurses in general.

New York: Section II of the NEW YORK LEAGUE FOR NURSING EDUCATION, assisted by the State Department of Education, held an Institute, April 26-30, at Schenectady. The

sessions were held at the Ellis Hospital, where a new suite of classrooms was an added attraction. About 200 registered for either part or whole time, which included delegates from schools all over the state. Various classes in nursing were taught, being followed in one case by a demonstration and a practice period, and in another by a correlating class in Anatomy and Physiology. Demonstrations in different nursing procedures were given and the discussions following were most helpful. Other interesting features on the program were papers and discussions by Misses Annabelle McCrae, Grace E. Allison, Elizabeth C. Burgess, Katharine Ink, and Mrs. Genevieve Clifford.

A paper and demonstration of Medical Asepsis in the care of Communicable Disease and a class taught in Diet in Disease rounded out what was declared to be a very profitable week.

Oregon: For the last week in July there has been arranged an Institute for Nurses which will be given at Salem under the auspices of the Extension Division, University of Oregon, in coöperation with the Oregon State Graduate Nurses' Association, Oregon League of Nursing Education, Oregon Organization for Public Health Nursing, Oregon Bureau of Public Health Nursing and Child Hygiene, Oregon Tuberculosis Association, and the Marion County Child Health Demonstration.

For the program of the institute there are being secured lecturers of national standing in nursing, pediatrics, and public health. Emphasis is being placed on methods for caring for the child, ill or well. Preventive measures will be stressed from three points of view—the home, the hospital, and the community. Coincident with the institute for nurses there will be held an institute for physicians which makes possible clinical experience and observation for the attending nurses. The whole or any part of the institute may be taken.

Commencements

ALABAMA:

The T. C. I. Employees' Hospital, Fairfield, a class of 7, on May 12.

CONNECTICUT:

The Connecticut Training School for Nurses, a class of 18, and the Yale University School of Nursing, New Haven, a class of 9, on June 9, with addresses by Edwin R. Embree, Henry Walcott Farnam and James Rowland Angell.

DISTRICT OF COLUMBIA:

The Army School of Nursing, Washington, a class of 46, on June 4, with addresses by Major General Merritte W. Ireland and Mrs. Florence P. Kahn.

ILLINOIS:

The Illinois Training School for Nurses, Chicago, a class of 34, on June 2, with an address by Thomas Arkle Clark.

Lakeside Hospital, Chicago, a class of 23, on June 1, with an address by Rev. Paul Brockhaus.

Our Saviour's Hospital, Jacksonville, a class of 7, on May 12, with addresses by Rev. Father F. F. Formaz and Dr. W. H. Newcomb.

Swedish Covenant Hospital, Chicago, a class of 12, on May 26, with addresses by Carl J. Andrews, A. T. Frykman and O. Theo Roberg.

Wesley Memorial Hospital, Chicago, a class of 40, on June 14.

INDIANA:

Fort Wayne Lutheran Hospital, Fort Wayne, a class of 19, on May 20, with addresses by Dr. Lyn Elston and Rev. C. F. Wirsing.

St. Anthony's Hospital, Terre Haute, a class of 9, on May 13, with addresses by Hon. Ora D. Davis, Dr. J. Rudolph Yung and Rt. Rev. Msgr. Augustine J. Rawlinson.

KENTUCKY:

The Louisville City Hospital, Louisville, a class of 13, on May 20, with an address by Professor Cherry.

MARYLAND:

Johns Hopkins Hospital, Baltimore, a class of 69, on May 27, with an address by Dr. Haven Emerson.

MASSACHUSETTS:

The Lawrence General Hospital, Lawrence, a class of 26, on May 13, with an address by Rev. William H. Spence.

McLean Hospital, Waverley, a class of 35, on June 2, with an address by Dr. George T. Tuttle.

Quincy City Hospital, Quincy, on June 25.

The Somerville Hospital, Somerville, a class of 11, on May 12, with addresses by Dr. Timothy J. Shanahan and Mrs. E. Tallmadge Root.

The Springfield Hospital, Springfield, a class of 18, on June 4, with an address by Mary M. Roberts.

MISS RIDDLE AND OTHER WELL KNOWN NURSES ON THE BOARD WALK

Sturdy Memorial Hospital, Attleboro, a class of 9, on May 26, with an address by Dr. Louisa Paine Tingley.

MICHIGAN:

Hurley Hospital, Flint, a class of 6, on June 8.

Mercy Hospital, Muskegon, a class of 6, on May 18.

MINNESOTA:

Bethesda Hospital, St. Paul, a class of 13, on April 14.

Immanuel Hospital, Mankato, a class of 12, on May 12, with an address by Rev. E. Birkholz.

Kahler Hospital, Rochester, a class of 61, on May 28, with addresses by Dr. W. A. Ganfield and Dr. W. J. Mayo.

Litchfield Hospital, Litchfield, a class of 3, in May.

MISSOURI:

Laughlin Hospital, Kirksville, a class of 7, in May.

St. John's Hospital, St. Louis, a class of 19, on May 20, with an address by Rev. Father Mullanhy.

St. Louis City Hospital, St. Louis, a class of 19, on May 5, with an address by Claribel A. Wheeler.

Washington University School of Nursing, St. Louis, a class of 35, on June 8.

NEW JERSEY:

Elizabeth General Hospital, Elizabeth, a class of 9, on May 11, with addresses by Robert Carey and Arabella Creech.

Mercer Hospital, Trenton, a class of 23, on May 27, with an address by Mary M. Roberts.

Mountainside Hospital, Montclair, a class of 13, on May 12.

Muhlenberg Hospital, Plainfield, a class of 13, on June 10.

NEW YORK:

Bloomingdale Hospital, White Plains, a class of 4, on June 3.

Clifton Springs Sanitarium, Clifton Springs, a class of 12, on June 10, with an address by Margaret Slattery.

The Faxton Hospital, Utica, a class of 9, Utica Homeopathic Hospital, a class of 4, Utica State Hospital, a class of 8, on June 15, with an address by Annie W. Goodrich.

The Frederick Ferris Thompson Hospital, Canandaigua, a class of 14, on June 1.

The Genesee Hospital, Rochester, a class of 16, The Highland Hospital, a class of 23, The Rochester General Hospital, a class of 25, on June 2, with an address by Annie W. Goodrich.

Kingston City Hospital, Kingston, a class of 12, on May 12, with an address by Brigadier General Gillette.

Long Island College Hospital, Brooklyn, a class of 45, in June, with an address by Arthur S. Somers.

Metropolitan Hospital School of Nursing, Welfare Island, a class of 17, with addresses by Bird S. Coler and Dr. George E. Vincent.

Millard Fillmore Hospital, Buffalo, a class of 30, on May 13, with an address by Charles Elbert Rhodes.

St. Mark's Hospital, New York, a class of

5, on May 28, with an address by L. Ernest Sunderland, D.D.

OHIO:

Mercy Hospital, Hamilton, a class of 17, on May 19, with addresses by Rev. William O'Connor and Doctor Bachmeyer.

OREGON:

Good Samaritan Hospital, Portland, a class of 42, on May 21.

PENNSYLVANIA:

Allegheny General Hospital School of Nursing, Pittsburgh, a class of 20, on June 4, with an address by Thyrsa W. Amos.

Clearfield Hospital, Clearfield, a class of 11, on May 27.

St. Joseph's Hospital, Philadelphia, a class of 18, on May 18.

St. Joseph's Hospital, Pittsburgh, a class of 9, on June 2, with addresses by the Rev. Dr. Thomas Bryson and Dr. L. G. Beinhauer.

RHODE ISLAND:

Butler Hospital, Providence, a class of 10, in June, with addresses by Dr. Arthur H. Ruggles, Lieut. Gov. Nathaniel W. Smith, and Edward A. Bott.

St. Joseph's Hospital, Providence, a class of 26, on April 12, with addresses by Bishop Hickey and Dr. Dennet Richardson.

Rhode Island Hospital, Providence, a class of 45, on May 19, with an address by Winford H. Smith, M.D.

WASHINGTON:

Tacoma General Hospital, Tacoma, a class of 26, on May 26.

WISCONSIN:

Madison General Hospital, Madison, a class of 12, on May 26.

WYOMING:

Memorial Hospital, Cheyenne, a class of 5, on June 2, with addresses by Governor Nellie T. Ross and Mae E. Coloton.

State Board Examinations

Louisiana: The semi-annual examination of the LOUISIANA NURSES' BOARD OF EXAMINERS was held in New Orleans and in Shreveport, May 3 and 4. There were 100 successful applicants.

Washington: The next examination for registration of nurses will be held in Spokane and Seattle on July 12.

State Associations

NOTICES AND REPORTS

District of Columbia: The Annual Meeting of the District of Columbia League of Nursing Education was held at the Nurses' Home, Emergency Hospital, May 25. The following officers were elected: President, Mrs. Isabelle W. Baker, American National Red Cross; vice president, Mary A. Moran, Gallinger Municipal Hospital; secretary-treasurer, Anna McKeon, Garfield Memorial Hospital; directors, Julia C. Stimson, Dorothy Rood. Reports were received from officers and committees as well as from the biennial meetings in Atlantic City. The Central School of Nursing reported an average attendance of one hundred and thirty students from the participating schools. The usual course of twelve lectures, introducing the Senior students to the various fields of nursing, was given during the spring semester.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Boise, May 4, when the following officers were elected for the ensuing year: President, Mrs. Robert Rogerson, Twin Falls; vice presidents, Edythe Bruce and Uretta Riddle, Boise; secretary, Helen A. Smith, St. Luke's Hospital, Boise; treasurer, Johanna Casberg, Boise. After the business part of the meeting, there was music, and Doctor Braxton, of Boise, gave a most interesting talk on Some Outstanding Developments on Medicine during the Past Ten Years. The members were glad to have present four nurses from the newly organized District in Pocatello. A banquet was held in the evening at which a good many members were present. Following the custom of the Association, the Senior members of the Schools throughout the State were invited to the two meetings and as many as possible accepted the invitation.

Massachusetts: Boston.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION opened its annual meeting with a banquet at the Hotel Vendome, June 4, in honor of Mary M. Riddle, retiring Chairman of the State Board of Registration of Nurses of Massachusetts, 1910-1926. The gathering was large and enthusiastic, the speakers in excellent form and Miss Riddle was "Miss Riddle" which, to those who know her is descriptive enough. It was indeed a delight to all to honor one of the leaders in the nursing profession and especially one who helped to make registration possible in Massachusetts. Massachusetts

nurses do not plan to let Miss Riddle retire too far from active life. They need her now as always. On June 5, the morning meetings were given over to the Massachusetts League of Nursing Education, which spent a fruitful morning revising its By-laws; to the Private Duty Nurses' Section and the Public Health Nurses' Section. *Private Duty Nurses' Section*—Anne Radford, presiding. A short account of the activities of the Section during the year was given by the Chairman. A series of demonstrations planned for the Alumnae Association of the Boston City Hospital was opened to the Private Duty Nurses through the courtesy of Ellen C. Daly, Principal of the School of Nursing. The interest with which this was received proved that the establishment of a permanent institute for Private Duty Nurses was a subject worthy of consideration. Janet Geister, Secretary of the Associated Charities of New York City, repeated for the benefit of the Private Duty Section of the Massachusetts State Nurses' Association, the program given at the National Convention in Atlantic City. Dr. May Ayres Burgess, of New York City, presented the result of the survey of the Private Duty situation in the State of New York, which had been made during the year. Officers for the ensuing year were elected as follows: Chairman, Anne E. Radford; vice chairman, Catherine E. Galvin; secretary, Susie J. Albert. *Public Health Nurses' Section*—Laura Draper, presiding. Reports from different counties were given, showing that the Public Health nurses are enthusiastic workers and are covering much ground. The special program for the morning was a symposium on Heart Disease. The speakers were: Dr. William H. Robey, Jr., Dr. Burton Hamilton, Dr. Herman Green. These three speakers were intensely interesting, and gave practical advice as to actual nursing care of cardiac patients. Katherine Hardwick, Boston, spoke on teaching in the home, stressing the need for understanding of the social conditions before actual teaching. Miss Hardwick's paper was full of inspiration and sound advice to those working in the homes. This section meeting was so successful that a motion was passed to hold three-hour sessions in the future at the Massachusetts State meetings. *The annual business meeting of the Massachusetts State Nurses' Association* was called to order by Jessie E. Catton, President, at 2:30 p. m. at the John Hancock Auditorium. The usual reports from counties were submitted, also reports from Legislative, Credentials, Publications and Press, and Relief Fund Committees. The speakers were: Mrs. Jennie Loitman Barron, on Civic Responsibilities; Margery Stimson, on Red Cross Nurses in Peace Time. Elizabeth Ross, sent by the Massachusetts State Nurses' Association as a delegate to the Women's Industrial Conference in Washington, Jan. 18-21, gave a most interesting account of these meetings. Five-minute talks were given by the following, expressing their individual impressions of the Convention in Atlantic City: Mary E. Ayers, Northampton; Mabel Duggan, New Bedford; Betty Eicke, Lawrence; Virginia Haw, Boston; Mary A. Jones, Fall River; Mildred Hennis, student nurse, Memorial Hospital, Worcester. The officers of the Massachusetts State Nurses' Association for 1926-1927 are as follows: President, Jessie E. Catton, Boston; vice presidents, Sally Johnson, Boston, and Ellen C. Daly, Boston; recording secretary, Mary Alice McMahon, Boston; corresponding secretary, Helen M. Blaisdell, Boston; treasurer, Emma M. Nichols, 36 Maxfield Street, West Roxbury, Mass.

New Hampshire: The New Hampshire Graduate Nurses' Association held its annual meeting at the Portsmouth Hospital, Portsmouth, June 9. The Association celebrated its twentieth birthday. The morning sessions were all well attended. The Chamber of Commerce furnished cars for a motor trip to the most interesting spots in Portsmouth. This was thoroughly enjoyed by all. After the motor trip a very elaborate and delicious luncheon was served at the hospital. The afternoon session was called at 2 p. m., seventy-one nurses being present. The meeting began with the repeating of the Lord's Prayer, in unison. This was followed by a very interesting talk by Dr. John Neal, welcoming the Association to Portsmouth. Mrs. Seybald gave the Address of Welcome for the hospital. The speakers were: Mrs. Ethelyn Jenkins, a delegate to the Biennial Convention in Atlantic City, reporting on the Convention; Miss Roberts, who read a paper on Private Duty Nursing; Miss Crough who gave a very interesting talk on the Public Health Work; Elizabeth Murphy who spoke on the School Nursing Work. The Red Cross report for the year was read by Elizabeth Murphy. The following officers were elected for the coming year: President, Anna C. Lockerby; vice presidents, Mary Stearns and Mrs. Agnes Whidden; secretary, Blanche E. Sanderson; treasurer, Ida Nutter, and two directors.

Oregon: THE OREGON STATE ASSOCIATION will hold its annual meeting in Salem, July 31.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held a meeting in Providence, April 15, at the rooms of the Rhode Island Medical Society. Following the business meeting, Anna Radford, Chairman of the Massachusetts Private Duty Section, addressed the members on the Present Day Trends in Private Duty Nursing; Mary Richardson, Instructor in Public Health Nursing at the Providence District Nursing Association, spoke on Teaching the Student Nurse the Public Health Point of View; Ellen Selby followed with Student Government in Hospitals; the program was concluded with an appeal for Red Cross enrollment by Elizabeth Sherman. An all day meeting of the Rhode Island State Organization for Public Health Nursing was held at the Medical Library, Providence, May 5. There was a large attendance and it was a particularly interesting meeting. Mary S. Gardner touched on National topics; Margaret Stack of Connecticut spoke on Problems and Possibilities of a State Department of Health; Sarah A. Carroll outlined the program for tuberculosis prevention which is being carried on in Providence. Miss Shenton and Miss Charley, English nurses who are observing American methods, spoke respectively of Training and Qualification of Health Visitors in England and the Activities of the Mothercraft Training Society of London.

Texas: THE TEXAS GRADUATE NURSES' ASSOCIATION held its annual meeting at Houston, May 8-11. Three hundred and thirty nurses registered. The first morning was given to the regular reports, address of welcome by Robt. Jolly, and responses by Ruby Buchan, Temple, Eva Wallace, Wichita Falls, and Nelle Phillips, Dallas. The President gave a splendid address urging towards more *Journal* subscriptions, a better response to the Relief Fund, and a larger membership for 1927. With the appointment of committees, the morning session adjourned and the nurses were served a delicious luncheon by the Alumnae of St. Joseph's Infirmary, during which a musical program was provided. The afternoon session was in charge of the Private Duty Section, presided over by Mollie Hines of Ft. Worth. Papers on the following subjects were presented: The Spirit of Private Duty Nursing, Experience Plus Thrills in Preparing for a Convention, Conventions I Have Known, To Attend or Not To Attend, Advantages and Disadvantages of Private Duty, A Plea for the Uniform. In the last paper the writer made a plea that graduate nurses adopt a real uniform and not anything from a bungalow apron to a real uniform. She also asked the hospital superintendents to be more strict in demanding that graduates be properly uniformed before being allowed to do special nursing in the hospitals. At 5 p. m., the nurses were entertained by a reception at St. Joseph's Infirmary where the visitors were shown the hospital. At 8 p. m., a mass meeting for the public at the City Auditorium was held. The student nurses of St. Joseph's, Jefferson Davis, Methodist, Baptist, and Hermann Hospitals sang a song of welcome, and five-minute addresses were given by representatives of the hospitals in the city. The main speaker was Laura R. Logan, of Chicago. Mrs. S. C. Red, President of Woman's Auxiliary, presided. On Sunday, all churches in the city had special services for the visitors, the Baptist Hospital entertained them in the afternoon and at 8 p. m. a service under the auspices of St. Barnabas' Guild was held in Christ Church. About 300 student and graduate nurses in uniform marched in, singing the beautiful hymn, The Son of God Goes Forth to War. After a short and impressive service, Rev. Claude Sprouce gave a most inspiring address. The nurses repeated the Florence Nightingale Pledge, the hymn, "O, God, Our Hope in Ages Past," was sung. After a final prayer and benediction, the nurses retired singing, "Go, Labor On." On Monday, the Public Health nurses held their meeting. All left on boats in the afternoon for San Jacinto battle grounds, where the Red Cross Nursing service meeting was held with Arline McDonnold presiding. Addresses were made by Agnes Jacobson, and Emily Dana Greene. After the meeting a banquet was served. On Tuesday morning the Graduate Nurses' Association finished its session with the election of officers. Tuesday afternoon was given to the League of Nursing education. Officers elected were: President, Anne Taylor, San Antonio; vice presidents, L. J. Duffy, Austin, Mary Quinn, Wichita Falls, Mollie Hines, Ft. Worth; secretary-treasurer, A. Louise Dietrich, El Paso; directors, Virginia Perkins, Houston, Mrs. Catherine Edson, El Paso.

Vermont: The twelfth annual meeting of the VERMONT STATE NURSES' ASSOCIATION was held at the New Sherwood Hotel, Burlington, on June 3. Those participating in the program were: Rev. C. J. Oxley, Invocation, Pastor Baptist Church, Burlington; Florence

E. Miller, School Nursing Consultant, Massachusetts Department of Public Health; Harriet M. Gardner, Sheppard Towner Nurse, working in six towns of St. Johnsbury District; Mrs. Martin S. Vilas, Welcome, President, Athena Club, Burlington; James P. Taylor, Secretary, State Chamber of Commerce, address on Vermont Publicity. An interesting feature of the meeting was the visit to the Bishop De Goesbriand Hospital. It was voted to contribute $10 each to the McIsaac Loan Fund and the Isabel Hampton Robb Memorial Fund; and to send to the American Nurses' Association 5 cents per capita dues for the International Council. A collection was taken up for the Vermont Publicity Bureau. Those elected to office were: President, Lillie Young, Brattleboro; vice presidents, R. Hazel Berry, Burlington, and Mrs. J. P. Adams, Montpelier; secretary, Mrs. J. W. Blakely, Montpelier; treasurer, Mrs. D. A. Barker, Rutland; directors for two years, Mrs. Earle H. Sherburn, Montpelier, and Katherine M. Crozier, Montpelier; chairman, Public Health Section, Emily Calef, Waterbury.

District and Alumnae News

California: Los Angeles.—The Southern Branch of the California League of Nursing Education met at the Nurses' Club, June 8. The annual schedule of class work and experience for students in a school of nursing was discussed by Mildred Belden. A paper on "Class Room Methods," was read by Mrs. Florence Ohls. As a result of this paper, plans are under way for the Instructors' Section of the League to give three or four demonstrations of classroom teaching for the benefit of instructors next year. The use of "Mental Tests," and "What to do with the Student Who Fails," were also discussed.

Connecticut: Middletown.—The Middlesex Hospital entertained 122 high school girls on National Hospital Day. They were escorted through the hospital in small groups. It is believed this is a sound way of arousing interest in nursing as a vocation.

District of Columbia: Memorial Day services were held on May 31, in memory of Jane A. Delano and the other World War nurses, under the auspices of The Jane A. Delano Post No. 6, American Legion, at Arlington National Cemetery in the beautiful plot dedicated to the Army and Navy nurses. Miss Delano's grave was decorated with two wreaths placed there by the American Red Cross, and all the graves, including those of the Spanish War nurses in the adjoining plot were covered with flowers. The ceremonies consisted of the reading of the Ritual from the American Legion Manual, by Alice M. Prentiss; address, by Major Julia C. Stimson, Army Nurse Corps, and music.

Illinois: Chicago.—The Alumnae of the Illinois Training School for Nurses held a "Home-Coming Day" on June 3, in connection with Commencement.

Indiana: Fort Wayne. — Clara Dienst (class of 1923, Lutheran Hospital) has been appointed Superintendent of the Lutheran Hospital, Beaver Dam, Wis. **National Military Home.**—Helen C. Sinclair has completed a four months' survey at the Marion National Sanatorium. Clara Bouwhuis, a graduate of The Buffalo Hospital Sisters of Charity, Buffalo, N. Y., has been appointed Superintendent of Nurses of the Sanatorium.

Iowa: Sioux City.—District No. 1 elected the following officers: President, Sara O'Neill; secretary, Wirnie Stiles; treasurer, Fern Hernstreet.

Kentucky: Louisville.—The annual meeting of the Alumnae Association of the Louisville City Hospital was held April 15, the following officers were elected: President, Edna Housten; vice president, Mary Alexander Brocker; secretary, Edna A. Duerr; treasurer, Jo O'Connor.

Massachusetts: Boston. — The New England Industrial Nurses' Association met in the Town Room Library, May 8. Miriam Trowbridge described Fernside, a rest home for girls at Princeton. In the afternoon, thirty-two of the members attended a specially arranged clinic at the Psychopathic Hospital where Dr. L. F. Wells spoke on the Intelligence Test Used by the Army; Dr. Carl Bowman told of work being done by the hospital. The guests were conducted through the hospital. In the evening, Elliot Dunlay Smith of Framingham spoke on Industrial Psychology.

Michigan: Bay City.—The Nurses' Central Registry, District Number 10 is located at 314 South Jackson Street, Mrs. Josephine Trombley, R.N., Registrar. **Muskegon.**—Muskegon District held a meeting at Hackley Hospital, May 5, and enjoyed a talk by Dr. C. L. A. Oden on his trip abroad which combined study and pleasure.

Minnesota: Minneapolis.—Ruth Swalestuen, a graduate of the Northwestern Hospital, is now Superintendent of the Luther Hospital, Los Angeles, Calif. Ruth Fiker (class of 1924, Northwestern Hospital) has accepted a position at the Shriners' Hospital for Crippled Children. Margaret Persons (class of 1925, Northwestern Hospital) has accepted a position as school nurse in Albert Lea. **Rochester.**—The Sixth District held its annual meeting May 10. The following officers were elected: President, Lulu Saunders; vice presidents, Sister M. Domitilla, and Lyla M. Olson; secretary, Mae Goven; treasurer, Mrs. Jessie Laws; and nine directors.

Missouri: Columbia.—Pearl B. Flowers (St. Luke's Hospital, St. Louis) will succeed Mance Taylor as principal of the University Hospital School of Nursing. Amy Leger will be instructor. **Joplin.**—Mary Van Zile, recently with the Oklahoma Tuberculosis Association, is Superintendent of Nurses at Freeman Hospital. **Kansas City.**—The Second District met on May 5, at St. Mary's Hospital. Twelve-hour duty for private nurses was discussed, by Dr. Logan Clendenning, Kansas City, and Jannett Flanagan, State Board of Nurse Examiners, Jefferson City. St. Mary's alumni were hostesses. The nurses are sponsoring the building of a club house and gymnasium; ground has been purchased and plans have been drawn. Any nurse eligible to membership in the American Nurses' Association may become a member of the club. **Kirksville.**—The Alumnae Association of the Laughlin Hospital at its annual meeting, May 27, elected as officers: President, Lillian Hanson; vice president, Mrs. Dickie Morgan Price; secretary-treasurer, Hazel Fitch. **St. Louis.**—Ruth Kittinger has resigned her position as Assistant Director of the Washington University School of Nursing. The first B.S. degree in Nursing awarded by the Washington University was bestowed on Jessie Davis, a member of this year's class.

Nebraska: Omaha.—District No. 2 held a meeting May 7, with a program entirely devoted to subjects pertaining to the care of the mentally ill. Helen Sinclair, well known for her splendid work in establishing training courses in Mental Hygiene, gave an instructive paper on The Community Need for Nurses with Adequate Psychiatric Training. Other very interesting talks were given by local physicians and social workers, as follows: The Responsibility of the Psychiatrist in Interesting Nurses in Mental Nursing, Dr. G. Alexander Young; The Behavior Clinic, a Mental Hygiene Agency for Children, by Mrs. Wayland McGee; Dispensary Contacts with the Maladjusted Child, Dr. A. E. Bennett; The Visiting Teacher Movement, Mrs. R. E. Dumont. The principal business of the meeting was the accepting of the revised rules of the Nurses' Club and Registry which is now a part of the Second District.

New Hampshire: Claremont.—The Fourteenth Annual meeting of the Claremont General Hospital Association was held at the Nurses' Home, May 18. The officers for the coming year are as follows: President, M. G. Larrabee; vice presidents, Marjorie Frasier, and Flora Mann; secretary, Florence E. Mathewson; treasurer, Mrs. Clara Rice.

New York: Canandaigua.—The annual meeting of the Frederick Ferris Thompson Alumnae was held at the Maternity Pavilion, June 1. The following officers were elected for the ensuing year: President, Mary Graham; vice president, Ruth Scribner; secretary, Emma M. Finley; treasurer, O. Gourlay; and one director. May 12, National Hospital Day, was made donation day at the suggestion of Louise Arnold, Superintendent. A most generous response was given in the form of fruits, vegetables, supplies, and many useful and helpful things. Among the donations was a beautiful velour davenport given to the Nurses' Home, by voluntary contributions from members of the Alumnae. **Clifton Springs.**—Maxwell Hall, the new residence for nurses of the Clifton Springs Sanitarium and Clinic was formally opened on June 8 with an address by Hubert Schoonmaker, M.D. The keys were presented by Henry O. Palmer of the Building Committee and were accepted by Hon. Arthur E. Sutherland, President of the Board of Trustees. The Senior class planted an ivy and the Nurses' Chorus furnished music. **New York.**—Winifred Kaltenbach, recently of the Presbyterian Hospital staff, sailed early in June to take charge of the American Hospital Neuilly-sur-seine, Paris, France. The hospital opened its new building, a memorial of the Great War, on May 12. President Doumergue, Marshal Foch, and our ambassador, Myron T. Herrick, were the speakers. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its annual meeting at the Club House on May 25, electing: President, Hazel Jennings; vice presidents, Anna Cummings, Elizabeth Copeland; secretary, Esther Henckel. **Utica.**—ST. LUKE'S HOSPITAL ALUMNAE held a

regular meeting on April 29, at the Nurses' Home. Margaret Creeden was elected treasurer of The Lucy Kellogg Memorial Fund, succeeding Mrs. Nellie Evans Jones. Mrs. Jones has been treasurer of this fund ever since its inception and she deserves much credit for the efficient manner in which she has served the Association.

North Carolina: Goldsboro.—The Wilson Nurses' Association, District 8, held its quarterly meeting in the Memorial Building, April 20. After the business meeting a very interesting talk was given on Mental and Nervous Disorders by Dr. Blythe Morris of the State Hospital. The next meeting will be in Tarboro. **Winston-Salem.**—District 2 has been holding regular monthly meetings during the year, with an unusually good attendance. A feature of the February meeting was an address by one of the leading insurance men on Insurance and Safe Investments for a Nurse. It was found that a large percentage of the members carry insurance. The March meeting had an especially good program given entirely by student nurses. The following excellent papers were read: The Influence of the Graduate Nurse on the Student Nurse; Relation of the Hospital and the Student Nurse. It is gratifying to see the number of students from the three hospitals in Winston-Salem who attend these meetings. District No. 2 will take up some definite work this year in the nature of financial aid for some person or charitable organization. It has had under discussion the County Tubercular Hospital, Juvenile Home, assisting a nurse through training and other projects.

Ohio: Hamilton.—Mercy Hospital Alumnae elected the following officers on May 18: President, Loretto Karcher; vice president, Gladys Morgan; secretary, Margaret Tappel; treasurer, Valora Dodds Cartwright; auditor, Evelyn Trowbridge.

Oregon: Portland.—Lulu Geil, a graduate of the Presbyterian Hospital, New York City, has recently been appointed Assistant Superintendent of the Doernbecher Memorial Hospital. Emily L. Loveridge, Superintendent of the Good Samaritan Hospital, which is the largest hospital in the United States managed by a woman, was elected President of the Northwestern Hospital Association, at its meeting in May.

Pennsylvania: Clearfield.—The Alumnae Association of the Clearfield Hospital held its annual meeting at Mrs. Ryle Miller's home. The following officers were elected: President, Onda Wilson; vice presidents, Mrs. Joseph Roessner and Mabel Stranberg; secretary, Stella Miller; treasurer, Mae Cowdrick; and four directors. **Germantown.** — The Germantown Dispensary and Hospital Alumnae Association held its regular monthly meeting on May 10, in the form of a special roll call meeting, which was largely attended by the members and the graduating class. Some very interesting letters were received from absent members. **Philadelphia.**—The annual meeting of the Alumnae Association of the Pennsylvania Hospital was held in January, when the following officers were elected: President, Evelyn Dudley; vice president, Ruth Cashell; secretary, Mary C. McNinch; treasurer, Martha Smith. The Alumnae Association of the Training School for Nurses of the Hospital of the University of Pennsylvania held their June meeting at the Nurses' Club House, on June 7th. The following officers were elected for the coming year: President, Mary E. Walbert; secretary, Elizabeth Barrange, and treasurer, Mildred Thompson. A beautiful American flag was presented to the Club House. The regular meeting of St. Luke's Hospital Alumnae was held on April 27. The following officers were elected: President, Rose Kuehmichel; vice president, Jessie Robinson; recording secretary, Annie Trotman; corresponding secretary, Catherine Denn.

Rhode Island: Providence.—The annual meeting of Alumnae Association of the Butler Hospital Training School for Nurses was held in the William H. Potter Home for Nurses on June 7. Reports of the different committees evinced much interest in the work of the Alumnae. The Henry C. Hall Fund showed considerable increase during the past year. All of the graduating class were admitted as members of the Association. For some time the alumnae of the Rhode Island Hospital have been working on a scholarship fund in memory of Inez Clark Lord. The first scholarship under this fund was presented this year to one of the 1926 graduates, Clara P. Edgecomb. St. Joseph's Hospital Alumnae held a meeting in April, with a good attendance. Katherine Layden, President of the Industrial Nurses' Club, gave an interesting outline of her work.

Tennessee: Chattanooga.—The Chattanooga District Nurses' Association held a call meeting at the Nurses' Home of the Baroness Erlanger Hospital, June 10. The

purpose of the meeting was to discuss contributions to the National Relief Fund, and also to work out a plan whereby the District might be 100 per cent subscribers to the *Journal*.

Vermont: Dr. T. S. Brown, Superintendent of Mary Fletcher Hospital, Burlington, succeeds the late Donly C. Hawley, M.D., as President of the Nurses' Examining Board.

Washington: Tacoma.—The office of the Nurses' Central Directory of District 3 was moved on June 1 to Edgecliffe Apartments, No. 1 Broadway, where it has larger and better quarters.

Wisconsin: Eau Claire.—The Tenth District held its April meeting at Mt. Washington Sanatorium. Cornelia van Kooy, State President, who was a guest, spoke to the nurses and emphasized the need of more interest in the alumnae association and benefits gained thereby. Dr. A. A. Pleyte of the Wisconsin Antituberculosis Association gave a very interesting talk on Heart Disease. At the May meeting the following officers were elected: President, Clara Christenson; vice presidents, Clara G. Lewis and Marie Scheffer; secretary, Opal Cook; treasurer, Esther Berger. To honor the memory of the late Dr. John Van Reed Lyman, the nurses voted to give $50 to the Nurses' Relief Fund. **Milwaukee.**—At the April meeting of District 4 and 5, Ethel Odegard, Director of Milwaukee School of Nursing, gave an address on The Work of the Central School. The Senior class of the Marquette University Training School were guests. The following officers were elected at the annual meeting: President, Ethel Odegard; secretary, Ruth Kahl; treasurer, Helen O'Neil. It was unanimously voted to change the by-laws so that the Board of Directors may be created from the presidents of every alumnae and one individual member. District 7 elected the following officers at its annual meeting: President, Marie Gobel; secretary, Bernice Groth; treasurer, Rose Johemeak. At the annual meeting of District 12, held in Manitowoc, honorary membership was conferred upon Mrs. Helen Brainard Cole, Sheboygan, one of the few surviving women who gave her service during the Civil War. At the close of the conflict she spent two years in training at Bellevue, under Sister Helen. Officers elected were: President, Mrs. Margaret Checkie; secretary, Alvena Neinsteadt; treasurer, Mrs. B. Richardson.

Wyoming: Cheyenne.—Mrs. H. C. Olson, 3122 Warren Avenue, has charge of the Nurses' Placement Bureau for the state. District 1, which was organized in February, includes the counties of Laramie, Albany, Goshen and Platte. Officers are: President, Mrs. Grace B. Roberts; vice president, Mrs. E. F. Macey; secretary, Mrs. Katherine Tibble; treasurer, Helen Kilty. At the May meeting, Elizabeth Shellabarger read a paper on Keeping Records in a School of Nursing; and Anna Grace Williams, one on The Curriculum. The private duty nurses of the city have organized a local association which meets the first Wednesday of each month. Only two nurses in this city were *Journal* subscribers, a year ago; after the first district meeting, there were 22. The State Board of Health has arranged for Cheyenne to have a Public Health Nurse, through the Sheppard-Towner Act. This action was started by the Women's Club.

Marriages

Margaret Bjarnstad (class of 1924, Litchfield Hospital, Litchfield, Minn.) to Oscar Bjark, May 6. At home, Buffalo, Minn.

Catherine A. Botticelli (class of 1925, St. Francis Hospital, Hartford, Conn.) to Thomas H. McBrien, June 2. At home, New Britain, Conn.

Vida Marie Bracher (class of 1923, St. Vincent's Hospital, Portland, Oregon) to Ralf Couch, on May 6. At home, Portland, Oregon.

Lillian J. Burgess (class of 1920, Frederick Ferris Thompson Hospital, Canandaigua, New York) to Howard Hawley, on May 29. At home, Geneva, N. Y.

Verna Bushyeager (class of 1923, South Side Hospital, Pittsburgh, Pa.) to Lester Barkley, on June 5. At home, Pittsburgh, Pa.

Helen Butler (class of 1917, Yonkers Homeopathic Hospital and Maternity, Yonkers, N. Y.) to John Raymond Dean, May 15. At home, Pasadena, Calif.

Thelma M. Caldwell (class of 1922, South Side Hospital, Pittsburgh, Pa.) to J. H. Curran, M.D., on May 15. At home, Brookline, Pa.

Mary L. Currier (class of 1924, St. Francis Hospital, Hartford, Conn.) to Harry D. Purdy, June 1. At home, Naugatuck, Conn.

Mrs. Virginia Hare Dryden (class of 1899, Battle Creek Sanitarium and Hospital School of Nursing, Battle Creek, Mich.) to

Thomas Rowe, April 2. At home, Urbandale, Michigan.

Mildred Ada Eadie (class of 1923, Staten Island Hospital, Staten Island, N. Y.) to Emil Burton Bickley, May 26. At home, New York City.

Louise Gliem (Battle Creek Sanitarium and Hospital School of Nursing, Battle Creek, Mich.) to H. W. Fisher, June 18. At home, Washington, D. C.

Rena Habbinga (class of 1922, Home Hospital, Laffayette, Indiana) to Jacob Mather, April 17. At home, Detroit, Mich.

Mildred Viola Holz (class of 1925, Brooklyn Hospital, Brooklyn, N. Y.) to Edward Cornell, on May 16. At home, Valley Stream, Long Island.

Gertrude M. Hummer (class of 1918, Providence Hospital, Sandusky, Ohio) to Ronald LeRoy Ross, M.D., on May 15. At home, Akron, Ohio.

Catherine Jacob (class of 1924, T. C. I. Employees' Hospital, Fairfield, Ala.) to J. Quimby Sewell, on May 5.

Althea Fay Kilgore (class of 1923, St. Francis Hospital, Charleston, W. Va.) to DeWitt Lamar Slay, May 4. At home, Washington, D. C.

Miriam Iva Lingo (nurse, U. S. N.) to Philip Hutchinson MacInnis, D.D.S., on May 3.

Viola Lowery (class of 1922, Woman's Hospital, Philadelphia, Pa.) to William Martin, on June 8.

C. Alice May (class of 1923, Germantown Dispensary and Hospital, Germantown, Pa.) to Walter C. H. Wuerthner, on May 8. At home, Baltimore, Md.

Clara Motley (class of 1912, Good Samaritan Hospital, Portland, Oregon) to Samuel McCorkle, on May 22. At home, Portland, Oregon.

Margaret Peacock (class of 1918, Rhode Island Hospital, Providence, R. I.) to James Edward Nuttal, April 3.

Helen M. Quirk (class of 1924, St. Francis Hospital, Hartford, Conn.) to J. Francis Coughlin, June 2. At home, Greenwich, Conn.

Susan E. Roller (nurse, U.S.N.) to Frank Valentine Davis, D.D.S., on April 6.

Laura Sparrow (class of 1924, Louisville City Hospital, Louisville, Ky.) to David Moorman, Jr., May 20. At home, Louisville.

Ellen Mary Sullivan (class of 1919, St. Francis Hospital, Hartford, Conn.) to Edward Moses Doyle, in May. At home, Thomaston, Conn.

Agnes Thompson (class of 1922, Boston City Hospital, Boston, Mass.) to Herbert L. Devereaux, on June 12.

Tillie Wagner (graduate of St. Joseph's Hospital, Sioux City, Iowa) to Raymond McCauley, on April 20.

Gertrude Walsh (class of 1915, St. Joseph's Mercy Hospital, Sioux City, Iowa) to John B. McDonald, May 17. At home, Hot Springs, S. D.

Edna May Wheeler (class of 1925, St. Vincent's Hospital, Portland, Oregon) to Orville Boyle, on June 2. At home, Portland, Oregon.

Helen L. Woerstel (class of 1925, Citizens General Hospital, New Kensington, Pa.) to Arthur Murray, May 24. At home, Parnassus, Pa.

Deaths

Helen L. Bloomfield (class of 1905, Chicago Homeopathic Hospital, Chicago, Ill.) on May 21, after an illness of only two days, with pneumonia. Immediately after graduation Miss Bloomfield became Directress of Nurses at Garfield Park Hospital, Chicago; then Directress of Nurses at Evanston Hospital, Evanston, Ill., and it was through her efforts the Training School became affiliated with Northwestern University. Later she was Directress of Nurses, West Suburban Hospital, Oak Park, Ill., and Hahneman Hospital, Chicago. She entered war service in 1918 and served at Camp Sheridan, then overseas as Chief Nurse, Base Hospital 72, Mesves, France. After her return she became Directress of Nurses, Nichols Hospital, Battle Creek, Mich.; later Superintendent of St. Luke's Hospital, Marquette, Mich. At time of her death she was Superintendent of Ashtabula General Hospital, Ashtabula, Ohio, and First Vice President of District 3. She was a Red Cross Nurse. Services were held May 23, at Ashtabula, the students and graduates of the Hospital attending in uniform. Burial was at Union City, Pa., with military honors. Miss Bloomfield showed untiring devotion and unfailing loyalty to the ideals of her profession. She was a woman of highest ideals and true religious principles. "She was never known to betray a confidence."

Winifred Carson (class of 1911, Battle Creek Sanitarium and Hospital School of Nursing, Battle Creek, Mich.) on March 31, at the Battle Creek Sanitarium, after an illness of several weeks. Burial was at Kalamazoo, Michigan.

Regina Dwyer (class of 1921, Mt. Carmel Hospital, Columbus, Ohio) on May 28, at Fairview Cottage Sanatorium, Asheville, N. C., of pulmonary tuberculosis.

Emily Isabel Elliott, at Poughkeepsie, N. Y., on June 2, 1926, as the result of a thyroid operation. Miss Elliott was known and respected in many places for her excellent qualities as woman and nurse. A graduate of the Massachusetts General Hospital School of Nursing, she had added to her professional equipment by various postgraduate courses, including a year of Public Health Work at Teachers College, Columbia University, New York. She spent some 15 years in private duty nursing in New York City but the later years, those following her army service, were devoted to important positions in public health nursing in Wisconsin, Virginia, and New York. At the time of her death Miss Elliott was Executive Secretary of the Dutchess County Public Health Nursing Association, Poughkeepsie, N. Y.

Mrs. Alice Coleman Fitzgibbon (class of 1917, Hudson City Hospital, Hudson, N. Y.) suddenly, on May 8, at Niagara Falls, N. Y.

Ellen Foley (St. Joseph's Mercy Hospital, Sioux City, Iowa) on November 5, 1925, following a brief illness. Miss Foley was engaged in private duty nursing.

Ruth Getzlow (class of 1923, Washington University School of Nursing, St. Louis, Mo.) on June 8, following an operation for nephrectomy. During the past two years Miss Getzlow had periods of great suffering which she bore with the bravery of a good soldier. She had a sunny disposition, she was an efficient nurse and an ardent worker in her alumnae association.

Mrs. Earl Grey (class of 1893, Buffalo General Hospital, Buffalo, N. Y.) on June 11, in Conneautville, Pa. Burial was in Albion, New York.

Wilna Bernadine Grooms (class of 1923, Elkhart General Hospital, Elkhart, Indiana) on May 20, at Ann Arbor, Mich.

Mary Margaret Gunnell (class of 1925, Saginaw Woman's Hospital, Saginaw, Mich.) on May 10, following an operation. Her family and host of friends, both in and out of the profession, deeply grieve her untimely death.

Barbara Moran (class of 1925, Mt. Carmel Hospital, Columbus, Ohio) on April 25, of a septic condition. Miss Moran was a very faithful nurse, her work being mainly private duty. She will be greatly missed.

Henrietta Schmidt (class of 1923, Lakeside Hospital, Chicago, Illinois) on May 3, in Phoenix, Arizona, from tuberculosis. She will be greatly missed by her many friends. Burial was in Chicago.

Clara Shaw (class of 1925, Butler Hospital, Providence, R. I.) on May 18, in Providence.

Maud Smith (class of 1924, Norwood Hospital, Birmingham, Ala.) on May 31, as a result of an automobile accident. Burial was in Epes, her classmates acting as pall bearers.

Mrs. William Gwyer (**Bertha Steele,** St. Vincent's Hospital, Birmingham, Ala.) on May 28, at St. Vincent's Hospital, after a short illness. Mrs. Gwyer served overseas during the World War; she was a very highly respected member of the profession. By her kind and gentle manner, she won the affection of all who knew her. She was buried on Memorial Day, with military honors, local Red Cross nurses acting as honorary pall bearers. Mrs. Gwyer was a native of Sheffield, England.

Mabel Sundblad (class of 1913, Augustana Hospital, Chicago, Illinois) on May 12, at Augustana Hospital. After an operation she quietly slept away. Her Alma Mater suffers a great loss. Brief services were held at the Nurses' Residence. Burial with military honors was at her home, Ishpeming, Michigan.

Mrs. Martha Thomas (class of 1918, German Lutheran Hospital, Sioux City, Iowa) on May 1, following a brief illness. Mrs. Thomas, for the past four years, was connected with the public health service as a welfare worker.

About Books

Bacteriology and Applied Immunology for Nurses. By R. A. Kilduffe, M.D. Illustrated. 250 pages. The Bruce Publishing Company, Milwaukee, Wis. Price, $2.

THE material in this book is arranged in two parts: namely, Bacteriology and Immunology. A chapter on Applied Sanitation deals with the more important diseases from the standpoint of cause, portal of entry, mode of exit, transmission and prophylaxis. The essential points in the mechanism of immunity and production of antibodies are presented very clearly and the chapter on Anaphylaxis, its prevention and treatment, contains information particularly helpful to nurses. Review questions, arranged throughout the book, focus the attention on the essential points contained in preceding chapters, while illustrations and diagrams help in the understanding of technic described. Explicit directions are given concerning methods used in the collection of specimens. Interesting statistics emphasize the value of vaccination in the prevention of smallpox.

The chapter on Vivisection and Anti-vivisectionists summarizes the benefits achieved by medical research through the experimental use of animals. At the end of the book, a series of laboratory exercises contains helpful suggestions for the instructor of nurses.

Ohio Grace Watson, R.N.

Food, Nutrition and Health. By E. V. McCollum, Ph.D., Sc.D., and Nina Simmonds, Sc.D. 143 pages. The Lord Baltimore Press, Baltimore, Md. Price, $1.50.

THE already immeasurable public debt to Doctor McCollum and Miss Simmonds has been piled still higher by the issuance of their last book, Food, Nutrition and Health. For some years an increasing group of doctors, nurses, teachers and others have looked to these inspiring leaders for guidance and more knowledge in the realm of nutrition. Their generosity in spreading information about the principles of nutrition has opened a new field of usefulness for those concerned with the promotion and preservation of health. We now know that there is an army of imperfectly nourished men, women and children throughout the country who have been eating an adequate amount of food, who have been supplied with suitable amounts and proportions of fats, carbohydrates and proteins, but because of their unawareness of the urgent need of the accessory food substances—vitamins—they are actually suffering from more or less marked malnutrition. The definite manifestations of imperfect nutrition such as rickets, beri-beri, scurvy, and xerophthalmia are perhaps not as serious from the standpoint of the general public health as are the borderline conditions when individuals are "not strong"; are below normal in endurance and in resistance to disease. A state of good nutrition is not necessarily evidenced by normal height and weight, but it is evidenced by normal size, with sound teeth and bones; hair and skin of normal color and texture; blood of normal composition; stable nerves; mental and physical vigor; normally functioning organs and resistance to disease. The sum of all these gives one a state of well-being. This priceless state of well-being is absolutely dependent upon a dietary which includes, among other factors, the protective foods from the very beginning of life to its end—and the end, by the way, can evidently be postponed by a proper diet.

A simple, working knowledge of the expectant mother's diet that will build

enduringly the developing embryo and fetus; the diet for children and adults—all essentially the same—must be possessed by the housekeepers and home makers of the land if, in general, youth and health are to be preserved and physical deterioration postponed or prevented. Application and dissemination of this knowledge are among the most important aspects of nursing service, whether it be private duty, institutional or some phase of public health work. For such workers, and the laity as well, Doctor McCollum's and Miss Simmonds' book is a gold mine of information. A small, light volume of 143 pages, it presents in simple, condensed, readable form a survey of the entire subject of nutrition and gives one a practical working knowledge upon which to plan adequate diets for all classes, ages and conditions.

The teaching of this book is literally life saving and no nurse can give complete service to sick or well people without in some way possessing and employing the knowledge which it so engagingly sets forth.

CAROLYN CONANT VAN BLARCOM.
New York

AN ELEMENTARY MANUAL OF PHYSIOLOGY. By Russell Burton-Opitz, M.D. Illustrated. 413 pages. W. B. Saunders Company, Philadelphia. Price, $2.50.

AS stated clearly in the preface, the purpose of the book is to give general elementary knowledge of physiology to students not intending to specialize in medicine. Attention is called to the cultural and practical value of some knowledge of physiology to various groups of people other than those who are specializing in medicine.

The book contains 395 pages of subject matter and is well illustrated. The division of the book into six parts, and these parts into short chapters, gives greater ease in reading and in classifying the material presented. Part One takes up general physiology discussing living matter, the phenomena and conditions of life and the physiology of the cell. The section on muscle and nerve includes a short chapter on motion as found in single cells and various types of sensitive plants. This is followed by a discussion of the structure and function of muscular tissue, the nature of the nerve impulse, and reflex action.

Part Two presents the composition and circulation of blood and lymph. This section is well illustrated. The chapter on the origin and function of the lymph is clear and concise. There is a chapter on the circulation of the blood, one on blood pressure, and one on the nervous control of blood vessels.

Part Three discusses the respiratory organs and respiration. As in other parts of the book, the development of the elementary organ is considered and the value of the work of the organ or system to the organism as a whole is presented. Enough of the structure is given to make the physiology clear.

Part Four on secretions, salivary, gastric and intestinal digestion, contains also short chapters on absorption, metabolism and energy production. It is disappointing to find the skin presented only as an organ of excretion, which function is made to appear of too great importance. The chapter on internal secretions is brief, thereby giving only a fair idea of their importance.

Part Five takes up the development of the nervous system, its divisions and physiology. Part Six, on the sense organs, is particularly interesting, is well illustrated, and explained.

This is a book that one can read with enjoyment. It gives what its title implies,—a knowledge of elementary physiology. It also gives a good basis upon which to build advanced study.

New York E. PRISCILLA REID.

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19 Mass. Sections: **Private Duty,** Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section,** Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee,** Chairman, Mrs. Janette F. Peterson, 781 East Orange Grove Ave., Pasadena, Cal.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association. — President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Esther Dart, Stillman Infirmary, Cambridge, Mass.

Middle Atlantic Division.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Sec., Annie Crighton, University Hospital, Baltimore, Md.

Northwestern Division, American Nurses' Association. — President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Sec., Mayme Kube, Good Samaritan Hospital, Portland, Ore.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—President, Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Grace Hoerig, St. Vincent's Hospital, Birmingham. President examining board, Helen MacLean, Walker County Hospital, Jasper. Sec., Linna H. Denny, 1808 N. Seventh Ave., Birmingham.

Arizona.—President, Mrs. Gertrude Russell, Box 822, Phoenix. Sec., Mary Colby, Yuma. President examining board, Kathryn G. Hutchinson, Tombstone. Sec.-treas., Catherine O. Beagin, Box 248, Prescott.

Arkansas.—President, Mrs. Maud Teasdale, 1006 McGown St., Little Rock. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—President, S. Gotea Dozier, 2037 Larkin St., San Francisco. Sec., Mrs. J. H. Taylor, 743 Call Bldg., San Francisco. State League President, Daisy Dean Urch, 823 Sun Finance Bldg., Los Angeles. Sec., Edith M. Schenick, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

Colorado.—President, Ella L. Maguiness, 3015 High St., Denver. Secretary, Ruth Gray, 1820 N. Weber St., Colorado Springs. State League President, Laura Elder, St. Luke's Hospital, Denver. Sec., Mary Carney, St. Joseph's Hospital, Denver. President examining board, Luella Morrison, Children's

Hospital, Denver. Sec., Louise Perrin, State House, Denver.

Connecticut.—President, Abbie M. Gilbert, 51 Broad St., Middletown. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. State League President, Harriet Leck, 47 Allyn St., Hartford. Sec., Mary Gerow Trites, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

Delaware.—President, Mrs. Helen T. Wisehart, Homeopathic Hospital, Wilmington. Sec., Ione M. Ludwig, 1112 Shallcross Ave., Wilmington. President examining board, Harold L. Springer, M.D., 1021 Washington St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—President, Gertrude Bowling, Inst. Visiting Nurse Society, Washington. Sec., Mrs. Francis M. Elzey, 1115 Fairmont St., Washington. District League President, Mrs. Isabelle W. Baker, American Red Cross, Washington. Sec., Anna McKeon, Garfield Memorial Hospital, Washington. President examining board, Elizabeth Melby. Walter Reed Hospital, Washington. Sec.-treas., Alice M. Prentiss, 1337 K St., N.W., Washington.

Florida.—President, Mrs. Lucy Knox McGee, State Board of Health, Jacksonville. Sec., Rosa B. Paschal, Riverside Hospital, Jacksonville. President examining board, Anna L. Fetting, 15 Rhode Ave., St. Augustine. Sec.-treas., Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Lucy M. Hall, 522 E. 40th St., Savannah. Sec., Agnes P. McGinley, Athens General Hospital, Athens. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Sec.-treas., Jane Van De Vrede, 41 Forrest Ave., Atlanta.

Idaho.—President, Mrs. Robert Rogerson, 1326 Addison Ave., Twin Falls. Sec., Helen A. Smith, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, State Capitol, Boise.

Illinois.—President, Sara B. Place, 308 N. Michigan Ave., Chicago. Sec., May Kennedy, 6400 Irving Park Blvd., Chicago. State League President, Evelyn Wood, 30 E. Ontario St., Chicago. Sec., Olga Andresen, 2449 S. Dearborn St., Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—President, Elizabeth Goeppinger, Culver Hospital, Crawfordsville. Sec., Elizabeth P. Pitman, Indiana Christian Hospital, Indianapolis. Executive secretary and educational director, Mrs. Alma H. Scott, 309 State House, Indianapolis. State League President, Mrs. Ethel P. Clark, Robert Long Hospital, Indianapolis. Sec., Edna L. Hamilton, Public Health Nursing Service, Indianapolis. President examining board, Edith G. Willis, Good Samaritan Hospital, Vincennes. Sec., Clare E. Brook, 333 State House, Indianapolis.

Iowa.—President, Nelle R. Morris, Summit Apartments, Iowa City. Sec., Maude E. Sutton, Park Hospital, Mason City. State League President, Esther Jackson, Iowa Lutheran Hospital, Des Moines. Sec., Lola Lindsay, University Hospital, Iowa City. President examining board, Sara O'Neill, 310 Davidson Bldg., Sioux City. Sec., Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs.

Kansas.—President, Mrs. C. C. Bailey, 312 W. 12th St., Topeka. Sec., Caroline E. Barkemeyer, 306 Locust St., Halstead. State League President, Ethel Hastings, Bethany Methodist Hospital, Kansas City. Sec., Mrs. Dorothy Jackson, Asbury Hospital, Salina. President examining board, Sister Catherine Voth, Bethel Deaconess Hospital, Newton. Sec.-treas., M. Helena Hailey, 961 Brooks Ave., Topeka.

Kentucky.—President, Harriet Cleek, 165 Woodland Ave., Lexington. Corresponding secretary, Jane A. Hambleton, 922 South 6th St., Louisville. State League President, Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville. Sec., Cornelia D. Erskine, City Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Sec., Flora E. Keen, Thierman Apt., C-1, 416 W. Breckenridge St., Louisville.

Louisiana.—President, Geneva Peters, 1040 Margaret Pl., Shreveport. Sec., Mary Trammel, North Louisiana Sanitarium, Shreveport. State League President, Anna Smith, Lady of the Lake Hospital, Baton Rouge. Sec.-treas., Margaret A. Price, Hotel Dieu, New Orleans. President examining board, George S. Brown, M.D., 1229 Maison Blanche, New Orleans. Sec.-treas., Julia C. Tebo, 27 Cusachs Bldg., New Orleans.

Maine.—President, Edith L. Soule, 69 Greene St., Augusta. Sec., Mrs. Theresa R. Anderson, 355 Main St., Bangor. President examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Sec., Sarah F. Martin, 1211 Cathedral St., Baltimore. State League President, Annie Crighton, University Hospital, Baltimore. Sec., Edna S. Calvert, Johns Hopkins Hospital, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir St., Baltimore. Sec.-treas., Mary Cary Packard, 1211 Cathedral St., Baltimore.

Massachusetts.—President, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Corresponding secretary, Helen Blaisdell, Peter Bent Brigham Hospital, Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. Sec., Ruth Humphreys, Newton Hospital, Newton Lower Falls. President examining board, Josephine E. Thurlow, Cambridge Hospital, Cambridge. Sec., Frank M. Vaughan, M.D., State House, Boston.

Michigan.—President, Grace Ross, City Department of Health, Detroit. Corresponding secretary, Mabel Haggman, Hurley Hospital, Flint. General secretary, Mary C. Wheeler, 4708 Brush St., Detroit. State League President, Alice Lake, University Hospital, Ann Arbor. Sec., Helen M. Pollock, Hurley Hospital, Flint. President examining board, Richard M. Olin, M.D., Lansing. Sec., Mrs. Helen de Spelder Moore, 622 State Office Bldg., Lansing. Insp., Mrs. Adelaide Northam, 622 State Office Bldg., Lansing.

Minnesota.—President, Caroline Rankiellour, 3809 Portland Ave., Minneapolis. Sec., Dora Cornelisen, 204 State Capitol, St. Paul. President State League, Bessie Baker, Miller Hospital, St. Paul. Sec., Ella A. Christison, St. Paul Hospital, St. Paul. President examining board, Mrs. Sophie Oson Hein, 219 S. Lexington Ave., St. Paul. Sec., Dora Cornelisen, 204 State Capitol, St. Paul. Educational director, Mary E. Gladwin, 204 State Capitol, St. Paul.

Mississippi.—President, Mary H. Trigg, King's Daughters' Hospital, Greenwood. Sec., Mrs. James A. Cameron, 511 Bay St., Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Sec.-treas., Aurelia Baker, McComb.

Missouri.—President, Marie Brockman, 414 Locust St., St. Louis. Sec., Esther M. Cousley, 5120 Delmar Blvd., St. Louis. State League President, Helen Farnsworth, Junior College, 11th and Locust, Kansas City. Sec., Irene Swenson, General Hospital, Kansas City. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Sec., Jannett G. Flanagan, 529-a East High St., Jefferson City.

Montana.—President, F. L. Kerlee, Montana State Hospital, Warm Springs. Sec., Frances Vollmer, Sunnyside Ranch, East Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Sec.-treas., Frances Friederichs, Box 928, Helena.

Nebraska.—President, Homer C. Harris, Clarkson Hospital, Omaha. Sec., Vida Nevison, Clarkson Memorial Hospital, Omaha. State League President, Myra Tucker, University Hospital, Omaha. Sec., Homer Harris, Clarkson Hospital, Omaha. Bureau of examining board secretary, Lincoln Frost, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Aurora C. Robinson, 510 S. Virginia St., Reno. Sec., Claire Souchereau, 224 Vine St., Reno. Sec., examining board, Mary E. Evans, 631 West St., Reno.

New Hampshire.—President, Anna C. Lockerby, Hanover Hospital, Hanover. Sec., Blanche E. Sanderson, Chamber of Commerce, Laconia. State League President, Mrs. Agnes C. Whidden, 11 Kingley St., Nashua. Sec., Belle Valentine, New Hampshire State Hospital, Concord. President examining board, Mrs. Harriet Kingsford, Mary Hitchcock Hospital, Hanover. Sec., Ednah Cameron, 8 N. State St., Concord.

New Jersey.—President, Virginia Chetwood, 266 Main St., Hackensack. Sec., Gertrude M. Watson, Mountainside Hospital, Montclair. Executive secretary, Arabella R. Creech, 42 Bleecker St., Newark. State League President, Jessie M. Murdock, Jersey City Hospital, Jersey City. Secretary, Blanche E. Eldon, Mercer Hospital, Trenton. President examining board, Elizabeth J. Higbid, 42 Bleecker St., Newark. Secretary-treasurer, Mrs. Agnes Keane Fraentzel, 42 Bleecker St., Newark.

New Mexico.—President, Stella Corbin, Methodist Sanitarium, Albuquerque. Sec., Mary P. Wight, Park View Court, Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Sec. and treas., Ella J. Bartlett, Presbyterian Sanatorium, Albuquerque.

New York.—President, Louise R. Sherwood, 703 Bear St., Syracuse. Sec., Ella F. Sinsebox, 443 Linwood Ave., Buffalo. State League President, Elizabeth C. Burgess, Teachers College, New York. Secretary, Mary E. Robinson, 340 Henry St., Brooklyn. President examining board, Lydia E. Anderson, 167 Prospect Pl., Brooklyn. Sec., Alice Shepard Gilman, State Education Bldg., Albany.

North Carolina. — President, Columbia Munds, Public Health Dept., Wilmington. Sec., Mrs. Bessie Powell, 308 N. 3d St., Wilmington. State League chairman, Edna L. Heinzerling, Baptist Hospital, Winston-Salem. Sec., Susan G. Brown, James Walker Memorial Hospital, Wilmington. Educational director, Lula West, Martin Memorial Hospital, Mt. Airy. President examining board, Mary P. Laxton, Biltmore. Sec.-treas., Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro.

North Dakota.—President, Edith B. Pierson, Health Demonstration, Fargo. Corresponding secretary, Esther Teichmann, 811 Ave. C., Bismarck. State League President, Sister M. Kathla, St. Michael's Hospital, Grand Forks. Sec., Sister Gilbert, St. Joseph's Hospital, Fargo. President examining board, Mildred Clark, General Hospital, Devils Lake. Sec., Josephine Stennes, Rugby.

Ohio.—President, V. Lota Lorimer, 11705 Detroit Ave., Lakewood. Sec., Mrs. Lucile Grapes Kinnell, 199 Webster Park, Columbus. General secretary, Mrs. E. P. August, 200 Hartman Theatre Bldg., 79 E. State St., Columbus. Chief Examiner, Caroline V. McKee, 275 S. Fourth St., Columbus. Sec., Dr. H. M. Platter, 275 S. 4th St., Columbus.

Oklahoma.—President, Anna Picklum, 530 E. Reno St., El Reno. Sec., Mrs. Virginia Tolbert Fowler, 622 E. 12th St., Oklahoma City. State League President, Ethel Hopkins,

Methodist Hospital, Guthrie. Sec., Edna E. Powell, Masonic Hospital, Cherokee. President examining board, Bess Ross, U. S. Veterans Hospital, Muskogee. Sec.-treas., Olive Salmon, 200 E. 8th St., Oklahoma City.

Oregon.—President, Margaret Tynan, 234 N. 19th St., Portland. Sec., Jane V. Doyle, 660 Johnson St., Portland. State League President, Louise Schneider, 260 Hamilton Ave., Portland. Secretary, Cecil Schreyer, 22½ North 20th St., Portland. President examining board, Grace Phelps, 616 Lovejoy St., Portland. Sec., Grace L. Taylor, 448 Center St., Salem.

Pennsylvania.—President, Jessie J. Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh. Sec.-treas., Netta Ford, 42 Central Bank Bldg., York. State League President, Mary C. Eden, Presbyterian Hospital, Philadelphia. Sec., Margaret S. Lundy, Howard Hospital, Philadelphia. President examining board, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Sec.-treas., Helene Hermann, 812 Mechanics Trust Bldg., Harrisburg.

Rhode Island.—President, Winifred Fitzpatrick, 118 N. Main St., Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Anna K. McGibbon, Butler Hospital, Providence. Sec., Mary E. Corcoran, Butler Hospital, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Sec.-treas., Evelyn C. Mulrenan, St., Joseph's Hospital, Providence.

South Carolina.—President, A. B. Commer, Florence Infirmary, Florence. Sec., Mrs. Esther G. Mouzon, 717 N. McQueen St., Florence. Secretary board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Carrie E. Clift, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 302 Dakota Life Bldg., Watertown. President examining board, Bothilda U. Olson, 510 N. 4th Ave., Mitchell. Sec.-treas., Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Abbie Roberts, George Peabody College, Nashville. Sec., Mrs. W. M. Johnson, R.F.D. 11, Knoxville. President examining board, B. V. Howard, M.D., Knoxville. Sec., Annette Beal, 402 Woodland St., Nashville.

Texas.—President, Anne Taylor, 242 Lynwood Ave., San Antonio. Sec.-treas., A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League President, Mrs. Robert Jolly, Baptist Hospital, Houston. Sec., L. Jane Duffy, State Board of Health, Austin. President examining board, Ruby Buchan, King's Daughters' Hospital, Temple. Sec., Mary Grigsby, Box 1537, Waco.

Utah.—President, Blanche Henderson, 686 Milton Ave., Salt Lake City. Sec., Kathrine Brett, L. D. S. Hospital, Salt Lake City, Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—President, Lillie Young, Brattleboro. Sec., Mrs. Joseph W. Blakely, 11 Winter St., Montpelier. President examining board, Dr. T. S. Brown, Mary Fletcher Hospital, Burlington. Sec., Celia E. Brian, Brattleboro Hospital, Brattleboro.

Virginia.—President, Martha V. Baylor, Roanoke Hospital, Roanoke. Sec., Lillie W. Walker, Lewis-Gale Hospital, Roanoke. President examining board, Emma C. Harlan, 206 Ridge St., Charlottesville. Sec.-treas. and Inspector of Training Schools, Ethel M. Smith, Craigsville.

Washington.—President, Mrs. Ella W. Harrison, General Hospital, Everett. Sec., Cora E. Gillespie, Room 4, Y.W.C.A., Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Sec., Carolyn Davis, Minor Hospital, Seattle, Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. C. W. Trent, P. O. Box 250, Charleston. Sec., Mrs. C. R. Madden, Beckley Hospital, Beckley. President examining board, Frank LaMoyne Hupp, M.D., Wheeling. Sec., Mrs. Andrew Wilson, 1300 Bryon St., Wheeling.

Wisconsin.—President, Cornelia Van Kooy, 558 Jefferson St., Milwaukee. Sec., Mrs. C. D. Partridge, 527 Layton Ave., Cudahy. State League President, Stella Ackley, Milwaukee County Hospital, Wauwatosa. Sec., Rose Newman, Mt. Sinai Hospital, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Mrs. Isabel Nelson, 826 West Twelfth St., Casper. Sec., Mrs. Ella Hanson MacDonald, Bishop Randall Hospital, Lander. President examining board, Mrs. Agnes Donovan, Sheridan. Sec., Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

Territorial Associations

Hawaii.—President, Mrs. Helen Hatchell, Kaaipu Ave., Honolulu. Sec., Ella Keppel, 725 12th Ave., Honolulu.

Porto Rico.—President, Mrs. Erudina A. Crespo, Box 1343, San Juan. Sec., Victoria Castro, Box 367, San Juan.

Where to Send Material for the Journal

Send news items, subscriptions, changes of address, book orders and all business correspondence to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y. Send articles for publication, books for review, and editorial correspondence to *The American Journal of Nursing*, 370 Seventh Ave., New York.